

THE BERKELEY HOMELESS CONTINUUM OF CARE PLAN

EXECUTIVE SUMMARY

Prepared cooperatively by an
Interdepartmental Team from the
Health and Human Services Department
and the Housing Department
of the
City of Berkeley

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and the
Independent Task Force on Homelessness

Adopted by the Berkeley City Council
September 22, 1998

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MEMORANDUM

May 7, 1998

TO: Interested Community Members

FROM: James Keene, City Manager

SUBJECT: TRANSMITTAL OF THE REVISED BERKELEY HOMELESS CONTINUUM OF CARE PLAN

For the past 10 years, the City of Berkeley, community agencies, religious institutions, businesses and other concerned community members have responded to the needs of homeless youth, families, and single individuals. Berkeleyans have provided food, clothing, transportation, shelter, housing, job-related services and a variety of health care services. The *Berkeley Homeless Continuum of Care Plan* is intended to serve several purposes. First, Berkeley is committed to reducing, preventing, and eliminating homelessness. Berkeley intends to use the Continuum of Care Plan as a means for organizing and focusing its efforts to address homelessness.

Berkeley needs a homeless continuum of care plan for several reasons:

- There is a need to have the community-oriented planning process develop such a plan so that the citizens of Berkeley understand challenges that now exist and that loom in the future affecting homeless people and the community's ability to respond to these challenges.
- There is a need for a coherent policy framework for homeless services to help guide City Council decisions affecting homeless people and to cope with fiscal uncertainties while addressing the real needs of homeless people.
- There is a need to continue the City Council's support for regional coordination on homeless issues, particularly by supporting coordination with the City of Oakland and the Alameda County-wide Continuum of Care Collaborative.

The Plan was prepared initially because proposed federal legislation aiming to consolidate homeless funding would require a Continuum of Care plan be prepared by each entitlement community (of which Berkeley would be one). But the community has come to see this Plan as something more than a compliance requirement. Once adopted by the City Council, the *Berkeley Homeless Continuum of Care Plan* will be used to guide budget recommendations of the Housing Advisory and Human Welfare and Community Action Commissions, and the Independent Task Force on Homelessness. It will be used to guide the City of Berkeley as it begins collaborating with homeless service and housing providers and other municipal jurisdictions. These efforts will aim to fill gaps in homeless services and housing activities not only in Berkeley, but in the Bay Area. Should federal McKinney

Homeless Assistance Act program funds be consolidated by Congress into an entitlement block grant to local jurisdictions, the Plan further anticipates that the Independent Task Force on Homelessness will make funding recommendations to the City Council on McKinney funds.

This Plan will serve as a guide for program decisions as funds for new programs are available over the Plan's five-year horizon. The City shall make every effort to secure these funds at all levels of government. Toward this end, the Plan calls for the City to study potential new revenue sources that would fund homeless programs, services and housing in Berkeley over the next five years.

Preparation of the Plan is the joint effort of the City of Berkeley and the Independent Task Force on Homelessness, with input from many Berkeley commissions, homeless people and service providers since the fall of 1996. During the planning process on the draft Plan staff and ITFH members received over 280 different comments from many commissioners and individuals attending these meetings and writing letters to staff. In addition, more than 250 homeless service consumers attended five scheduled presentations on the draft Plan between late January and late March 1998.

From these meetings many insightful public comments were recorded and incorporated into the Plan. Some comments were not incorporated because they were inconsistent with current Council policy or did not directly address the Plan's scope and purpose. Major additions to the revised Plan based on public comment included goals and actions regarding planning for homeless youth services and facilities; planning for alcohol and drug addiction prevention and treatment facilities, and fortified alcohol sales reduction; maintaining the planning process now developing an intensive community mental health treatment system of care in Berkeley; and new recommendations on eviction prevention (including a joint City-Rent Board "early warning system" joined with the to-be-implemented homelessness prevention program); improving emergency shelter operations for improved service flexibility; enhancing community support and building mutual involvement of neighbors and community service agencies; and strengthening support services (including money management) and the Social Services Transport.

On behalf of the staff of the City of Berkeley's Health and Human Services and Housing Departments and the Independent Task Force on Homelessness, I extend my thanks to all who reviewed the draft version of the Plan and made comments on it. You have been heard in this extraordinary process, and together we now will present a compassionate and strategic Plan to the City Council for approval. Once adopted, the City looks forward to your continued involvement in the successful implementation of this Plan.

For further information you may contact Eric Landes-Brenman (Health & Human Services Department) at 644-6699 or Tim Stroshane (Housing Department) at 665-3472.

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EXECUTIVE SUMMARY

For the past 25 years, the City of Berkeley, community agencies, religious institutions, businesses and other concerned community members have responded to the needs of homeless youth, families, and single individuals. Berkeleyans have provided food, clothing, transportation, shelter, housing, job-related services and a variety of health care services. These efforts have been valiant in meeting some of the needs of homeless people, but they fall far short of what is needed to substantially reduce homelessness.

The Berkeley City Council caught the tone of the community's resolve to address homelessness when it adopted a human rights ordinance (Ordinance No. 5985-N.S.) on June 26, 1990. Section 1 of the ordinance states in part:

"With a view to the creation of conditions of stability and well-being which are necessary for peaceful and friendly relations among the people of this city and region, based on respect for the principle of equal rights of people, the City of Berkeley shall promote:

- "a. Higher standards of living, full employment, and conditions of economic and social progress and development;
- "b. Solutions of local economic, social, health and related problems; and regional cultural and educational cooperation;
- "c. Universal respect for, and observance of human rights and fundamental freedoms for all without distinction as to race, sex, language or religion."

Over the years, many strong partnerships and organizational linkages addressing homelessness have been forged. Many have been made possible by funding through federal McKinney Homeless Assistance Act programs, and these efforts have further leveraged financial support from Alameda County, the City of Berkeley, private foundations and corporations, local businesses and the generosity and energy of Berkeley residents. However, these community institutions addressing homelessness are hindered by a lack of institutional forethought and planning, and coordination of effort to ensure that gaps in services are filled.

Why is a Plan Needed?

As the Guiding Principles (see Chapter II) state, Berkeley is committed to reducing, preventing, and eliminating homelessness. Berkeley intends to use the Continuum of Care Plan as a means for organizing its efforts to address homelessness. To reduce homelessness, Berkeley intends to shrink the length of time homeless people are without housing and means for their own self-sufficiency. To prevent homelessness, Berkeley intends to provide emergency, short-term, and long-term assistance to people at risk of homelessness through a range of monetary and non-monetary means. To eliminate homelessness, Berkeley intends to provide services and housing that give homeless people meaningful opportunities to obtain affordable housing and achieve self-sufficiency. Berkeley certainly cannot solve homelessness as a societal problem, but this community believes that compassionate provision of appropriate services can help homeless people back on their feet for the long haul.

The *Berkeley Homeless Continuum of Care Plan* supplements the policy frameworks contained in the City's General Plan Housing Element (now in preparation) and Consolidated Plan for Housing and Community Development, by focusing on gaps in housing and services directly related to the needs of homeless people, and those at risk of homelessness. The Plan sets goals and makes recommendations to address these gaps. It also incorporates and recognizes a number of already existing City policy frameworks, programs and strategies, and consolidates them into one overall policy statement relating to homelessness in Berkeley.¹

Berkeley needs a homeless continuum of care plan for several reasons:

- There is a need to have the community-oriented planning process develop such a plan so that the citizens of Berkeley understand the challenges that now exist and that loom in the future affecting homeless people and the community's ability to respond to these challenges.
- There is a need for a coherent policy framework for homeless services to help guide City Council decisions affecting homeless people and to cope with fiscal uncertainties while addressing the real needs of homeless people.
- There is a need to continue the City Council's support for regional coordination on homeless issues, particularly by supporting coordination with the Alameda County-wide Homeless Continuum of Care Plan adopted by the County Board of Supervisors in July 1997.

Major Goals

The *Berkeley Homeless Continuum of Care Plan* (also referred to here as "the Plan") is a five-year strategic plan to prevent, reduce, and end homelessness here. This plan builds on the existing system of services, and envisions access to a continuum of services for all homeless people in Berkeley, including preventive services and resources, through the homeless person's first contact with emergency assistance and shelter, transitional housing, services, and permanent affordable housing. The Plan recognizes that its goals and actions will best be reached through coordination of Berkeley's efforts with those of neighboring jurisdictions, Alameda County, and region-wide entities.

The major goals of this Plan are to:

- Maintain the capacity of existing services;
- Build new opportunities for homeless housing and services through

¹This Plan, however, does not address service or housing siting issues, except insofar as community support for new facilities is at issue. Siting issues will be addressed in the General Plan Land Use Element, now in review by the Planning Commission. Community Support issues are addressed in Chapter IV, Section H, Community Support.

- partnerships with other communities;
- Establish priorities for Berkeley's allocation of entitlement resources for housing and services targeting homeless people;
- Improve the overall quality of services and housing provided to homeless people;
- Coordinate local and regional efforts to address homelessness; and
- Prepare for *expected* increases in need as a result of structural changes such as welfare reform.

Berkeley's Planning Process

Preparation of this Plan is the joint effort of the City of Berkeley's Health and Human Services and Housing Departments and the Independent Task Force on Homelessness. Its development includes input from the Berkeley community, boards and commissions, homeless people and service providers using survey research and a series of homeless service users' and service providers' and regular commission meetings.

The first phase began in the fall of 1996 and focused on research for a background report on homelessness in Berkeley; publicizing of the Berkeley Homeless Continuum of Care Plan process with boards, commissions, service providers, and service users; and development of a set of proposed guiding principles that are intended to provide the goal framework for the policies, strategies and actions that are developed out of this planning process (see Chapter II). The release of a background report called *Homelessness in Berkeley* culminated Phase I.²

Since the release of the draft *Berkeley Homeless Continuum of Care Plan* in December 1997, City staff and members of the Independent Task Force on Homelessness (ITFH) have presented the draft Plan at 12 commission and board meetings (including the Commission on Labor and the Rent Stabilization Board), five meetings with homeless service users, two meetings for service provider comments, and three general community meetings at Senior Centers. During the planning process on the draft Plan staff and ITFH members heard over 280 different comments from many people attending these meetings and writing letters to staff.

In addition, at the five service user meetings staff estimates that about 250 people heard presentations and recorded their comments on the draft Plan between late January and late March 1998. This revised Plan will go before Berkeley boards and commissions to seek recommendations to Council. Adoption of the Plan by Council is tentatively scheduled for June 1998.

The final phase will be implementation of the Plan, through its goals and recommended actions, including the anticipated receipt and allocation of homeless assistance block grant funds from HUD. Implementation will also involved

²*Homelessness in Berkeley* is available on request from the City of Berkeley Housing Department.

increasing coordination among local boards and commissions in program design and their respective funding advisory roles. Depending upon the block grant program guidelines, the City may be required to submit its Continuum of Care plan to HUD.

Goals and Actions

Eviction Prevention

Eviction prevention, for the purpose of the Berkeley Homeless Continuum of Care Plan, shall refer to programs providing assistance to prevent loss of housing by people who reside in permanent housing, but are at risk of losing their homes. Such programs include emergency rent and mortgage payment assistance, but can involved non-cash strategies as well.

The Plan proposes to maintain and expand Berkeley's investment in eviction prevention and fair housing activities by:

- developing cash assistance programs for low income tenants and tenants in residential alcohol and other drug abuse treatment programs from funds already allocated by the City Council;
- extending existing cash-based prevention efforts, such as the HIV/AIDS Housing Assistance Program;
- preparing a booklet for distribution in Berkeley on how to prevent homelessness, and make it available in other languages;
- developing services to promote conflict resolution and fair housing strategies for tenants and landlords;
- ensuring timely rent payments by tenants vulnerable to homelessness (those with mental disabilities, alcohol and other drug abuse problems, or those who recycle into homelessness);
- collaborative development of an "early warning system" by the Berkeley Rent Stabilization Board and the City of Berkeley to track pending evictions that could be prevented through timely service or cash-based intervention; and
- encouragement of volunteer housing search assistance for at-risk populations, including seniors and disabled people who are faced with having to relocate.

Eviction prevention recommendations start on page 15.

Emergency Shelter

Emergency shelters are only temporary, but can provide important links between a family's or individual's experience of homelessness, and opportunities for returning to self-sufficiency. Consequently, it is critical that shelters possess effective networks that can quickly move homeless people into situations in which they can achieve stability while they work towards self-sufficiency.

The Plan's goals and actions for shelters call for maintaining the existing supply of

shelter beds and improving the existing shelter system by

- working with Oakland and Alameda County to establish standards of care for all shelter providers;
- shelter providers convening regular workshops for shelter residents on shared housing and other group strategies for attaining affordable housing;
- expanding shelter bed capacity to homeless people with special needs, including:
 - youth;
 - people with mental disabilities, alcohol and other drug abuse disabilities, and dual diagnoses;
 - people with HIV/AIDS; and
 - domestic violence victims.
- improving linkages between shelter providers and transitional housing programs;
- examining ways to accommodate people with sub-acute illnesses, chemical sensitivities, and wheelchair accessibility at shelter sites;
- continuing to provide winter shelter at existing sites during inclement weather; and
- reviewing shelter operations to provide more flexible service to workers with unusual work schedules, workers with child care needs, and disabled people assisted by service animals.

Emergency shelter recommendations start on page 17.

Housing: Transitional Programs

Transitional housing programs provide residents with a stable living environment and access to support services for a limited time to assist them in making a "transition" to a more permanent residential situation. Transitional housing programs are a critical juncture for many people escaping homelessness and other special issues (including domestic violence, drug or alcohol abuse, or mental health problems). In conjunction with residency in transitional housing, tenants have access to treatment programs, counseling, social services, and case management. Residency in transitional housing situations is usually limited to 12 to 24 months.

Transitional housing can be provided in two different ways: 1) *site-based* transitional affordable housing with on-site (and sometimes additional off-site) services; and 2) *transitional rental assistance* to people in market housing accompanied by service coordination and off-site services. Both forms of transitional housing can be effective and it may be that the different forms are most helpful to different types of homeless people, depending on their service needs and ease of gaining self-sufficiency.

The Plan's goals and actions for transitional housing programs involve maintaining the existing supply of beds and planning for additional programs to assist homeless people with special needs, including youth; and strengthening linkages between

transitional housing programs and other housing and service providers in the continuum of care. The Plan calls for:

- referring to the Housing Advisory Commission a proposal to target three rounds over the next 5 years of Housing Trust Fund loan allocations to the development of transitional housing beds targeting veterans, fathers with children, seniors, youth, and people with a variety of other special needs;
- collaboration and strengthened linkages among service providers and the City to strengthen referral linkages between shelters, treatment centers, institutional releases, and transitional housing programs to ensure vacancies are quickly filled, and people are directed to the most appropriate housing available; and
- working with Alameda County (see Chapter IV, Section G, Plan Administration, below) to develop standards of care for transitional housing programs.

Transitional housing recommendations start on page 22.

Housing: Permanent Supported Housing

Permanent supported housing can effectively address and ultimately end an individual's experience of homelessness; as a means of keeping service-dependent segments of our poorest housed, permanent supported housing can be a key tool and resource in ending homelessness. While a large segment of homeless people can achieve stability and permanent housing after emergency and transitional programs (including job training, etc.), another segment of homeless and at-risk households that face significant ongoing challenges remaining housed. Those benefiting most from permanent supported housing will likely include individuals:

- with mobility, cognitive, and visual disabilities;
- with mental disabilities;
- with chronic illnesses, including those with HIV/AIDS;
- with chronic alcohol and/or drug problems;
- with multiple diagnoses; and
- who are frail and elderly.

The Plan's proposed actions for permanent supportive housing center on maintain and expanding the existing supply of permanent supported units in Berkeley, by:

- referring to the Housing Advisory Commission a proposal to target three rounds over the next 5 years of Housing Trust Fund loan allocations to develop permanent supported housing units;
- using the Shelter Plus Care program fully and efficiently, and advocate with HUD for renewals and/or extensions of the program;
- targeting supported housing priorities to people with mental disabilities, chronic alcohol or other drug problems, or those who are dually diagnosed, and including sober housing models for these populations.

Permanent supported housing recommendations start on page 26.

Housing: Permanent Affordable Housing

Subsidized housing may be provided in one of two ways. One way to lower rents is by subsidizing the cost of new construction or rehabilitated units, thereby reducing private debt service requirements and thereby lowering tenants' rents. The City of Berkeley created its Housing Trust Fund in 1990 for the purpose of providing gap financing to affordable housing developers. Vacancy rates for all these properties are very low year-in and year-out because of the strong demand for affordable units and the limited supply.

The second way is to provide very low income tenants in private market rental housing with a direct rent subsidy each month for the duration of their need. The Section 8 program provides approximately 1,400 permanently affordable units in Berkeley. In addition, the City's HIV/AIDS Housing Assistance Program (HHAP, see also Eviction Prevention) operates in a similar fashion, but on a much smaller scale than Section 8.

- *Housing Development*

The Plan proposes to continue the City's policy of expanding the supply of affordable housing for Berkeley's lowest-income residents by:

- expanding housing supply affordable to Berkeley's lowest income residents, including the use of converted military bases for affordable housing purposes;
- collaborating with local jurisdictions to coordinate the timing of funding cycles to facilitate the local funding of affordable housing projects and maximize leveraging of funds from a variety of sources;
- encouraging rehabilitation of vacant residential buildings and be rewarded with higher priority for uncommitted Housing Trust Fund loan funds;
- continuing the City's efforts to return vacant and blighted residential properties to the market and shall encourage their owners to consider renting to homeless people transitioning to self-sufficiency; and
- maintaining provision of shared housing referral services, and encourage development of programs that connect housed seniors with homeless seniors and those at risk of homelessness with shared housing arrangements.

Housing development recommendations start on page 30.

- *Housing Stability*

The Plan proposes to continue the City's policy of maintaining and improving access to affordable housing to very low income Berkeley residents by:

- improving linkages between service providers and landlords interested in preventing homelessness and helping homeless people obtain housing;
- supporting rental guarantee programs through which service providers assist homeless people with poor credit ratings or rental histories to obtain and retain a lease;
- increasing the supply of Section 8 and public housing units for homeless and very low-income people, and people vulnerable to losing benefits due to welfare reform; and
- exploring the feasibility of creating a shared housing program for those at risk of homelessness, as well as homeless people willing to develop living skills that facilitate shared housing as a lower-cost approach to housing stability.

Housing stability recommendations start on page 33.

Employment, Training, and Income

The Plan proposes to address employment, training and income issues by:

- advocating with Alameda County to increase income supports, including lengthened training time for people to achieve adequate work readiness and employment goals (see page 37);
- studying and preparing for adoption of a living wage ordinance as a long-term strategy for preventing homelessness (see page 38);
- increasing job training and placement opportunities through collaboration with local foundations, schools and community colleges, and including effective one-stop employment centers (see page 40);
- increasing support services available for those working toward work readiness and employment goals, including child care and services addressing basic needs (see page 41);
- supporting enterprises that hire homeless and low-income Berkeley residents (see page 43); and
- increasing the number of qualified Berkeley homeless and low-income people who could be hired by City of Berkeley contractors, including public works contracts (see page 43).

Support Services

Support services run the gamut from meeting such immediate needs as food, clothing and child care, to literacy education, to legal assistance and life skills counseling. People without regular residence need services such as mail and phone service, showers, and storage for their personal belongings in order to maintain some self-sufficiency, organize their lives, and find housing and employment. As welfare reform implementation limits the ability of all but the most severely disabled to rely on income supports, services become all the more essential to those at risk of homelessness and those who are homeless with difficulty satisfying even basic needs.

The Plan proposes to:

- maintain and improve:
 - the City's outreach and assessment efforts (see page 47);
 - basic needs services (such as personal care, phone and mail services, storage, etc.; see page 48);
 - case management services (see page 50);
 - provision of free and reduced-price transportation to help homeless people meet service, vocational and housing goals (see page 58); and
 - access to free meal services and food (see page 59).
- expand:
 - life skills, money management, and counseling services (see page 52);
 - access to and availability of legal services and benefits advocates (see page 54);
 - access to federal food programs (see page 59);
 - ability of people leaving homelessness to shop for and prepare their own nutritious meals (see page 59); and
 - access to affordable quality child care, including care linked with vocational and housing needs of parents (see page 61).
- maintain and improve existing programs targeting homeless youths in Berkeley and plan for addressing other unmet needs of homeless youths (see page 64); and
- collaborate with Alameda County's efforts to establish and promote standards of care appropriate to a wide variety of support services, the areas of disabled accessibility and grievance procedures (see page 64).

Health Care

Access to affordable quality health care is a significant issue for most poor people. Human health maintenance depends on individuals and families having adequate nutrition, sanitation, and shelter. One study estimates that homeless people have health problems at 2 to 6 times the rate of people in stable housing. Health problems of the homeless are aggravated by street life, where they experience extremes of temperature, rain and frost in California that housed people here do not. Clothes, particularly shoes, may be ill-fitting or sparse. Access to showers and clean clothes for homeless people is usually restricted, and sleeping arrangements are often haphazard, unusual, and potentially dangerous.

A wide range of maladies afflict homeless people, including:

- upper respiratory tract infections;
- tuberculosis (the prevalence of which is greatly increased among homeless people);
- hypothermia;
- infestations;
- foot problems, because homeless people spend many hours walking, standing

- in lines, and carrying their life possessions;
- alcohol and other drug abuse and mental health problems;
- trauma, sexually transmitted diseases (including HIV), or injuries often caused by violence or sexual assault; and
- other chronic diseases such as hypertension and diabetes.

Unless society makes a special collective effort, low-income and homeless people often have no easy access to affordable primary health care. Their access to routine primary health care is restricted by a number of potential barriers, or ends altogether when they no longer have a steady income and health insurance.

The Plan proposes to continue the City's efforts to:

- expand primary health care to all homeless and very low-income people in Berkeley who use continuum of care services (see page 71);
- increase access of homeless people to public health facilities and services (see page 75);
- increase early intervention services on behalf of homeless people in shelters, particularly those with physical limitations or disabilities (see page 76);
- prevent people with mental disabilities (see page 78), and disabilities from alcohol and other drug abuse (see page 81) or dual diagnoses (both mental and alcohol and other drug abuse disabilities; see page 83) from losing their housing, so that they can be stabilized for continued health care;
- maintain and expand existing alcohol and other drug addiction prevention and treatment facilities in Berkeley and work to develop local and regional solutions to alcohol and drug addictions among homeless people and those at risk of homelessness (see page 82);
- For homeless seriously mental disabled people, a range of residential support options shall be developed as part of a comprehensive mental health system of care plan (page 79); and
- reduce the sale of fortified alcohol and other drugs in Berkeley (see page 82).

Plan Administration

To facilitate its implementation, the Plan proposes to:

- generally collaborate with the City of Oakland, Alameda County, and service and housing providers to strengthen the continuum of care (see page 86);
- ensure that City staff represents Berkeley in regional coordination in accordance with the *Berkeley Homeless Continuum Plan*, and allow mutual exchange of representation on homeless issues and allow mutually beneficial actions to occur with Oakland and Alameda County (see page 88);
- coordinate all funding and policy recommendations among relevant advisory boards and commissions to the City Council from interested boards and commissions so that all efforts conform to the Plan (see page 89);
- implement strategies to stabilize the funding base of the continuum of care

(see page 91); and

- develop an integrated management information system (MIS) to improve coordination among service providers throughout the continuum of care (see page 92).

Community Support

Berkeley residents have repeatedly offered their support for a number of Homeless Continuum of Care-related services and housing. As a community over the last two decades Berkeley decided to offer many of these services at different locations around our city.³ At times, decisions on where services or affordable housing should locate have pitted neighborhood activists against community-based organizations and the City of Berkeley. Neighbors may object to new services citing fears of negative impacts on property values; violent, criminal or anti-social behavior by occupants or clients of the service; parking congestion, public safety problems, or an overall negative perception of the neighborhood that could result from clients perceived to be "hanging around."

New services must be located somewhere, and the community must be involved early and often in deliberations about that decision. *The challenge for neighbors, the community-based organizations providing services, and the City of Berkeley is how to address homelessness through the provision of affordable housing and appropriate services while protecting the quality, safety, and cohesion of the neighborhood in which services are placed.*

In 1993, then-Acting City Manager Weldon Rucker recommended that the City review its laws to respond to increasing levels of disorderly behavior on Berkeley streets. "Problematic street behavior" created a climate, perceived by many Berkeley residents, that deterred people from using public spaces and patronizing Berkeley businesses. Upon assuming office, appointed Mayor Jeffrey Shattuck Leiter convened a Mayor's Task Force on Street Behavior that recommended enforcement of codes of street behavior and restrictions on aggressive panhandling.

The City Council adopted these recommendations, but submitted their implementation to an advisory vote of Berkeley residents in the November 1994 election, listed as Measure O on the ballot. The voters passed Measure O, but implementation of the problematic street behavior ordinance was held up in court by a lawsuit challenging its constitutionality. In April 1997, however, Council repealed all but the ATM solicitation and the aggressive behavior enforcement provisions of Measure O.

³A compendium of these services is found in City of Berkeley, *Community Development Block Grant Program, Community Services Block Grant Program, Emergency Shelter Grant Program, and General Fund Community Services Program Annual Budget, FY 1997-98, July 1997*. A summary of homeless services and housing programs is contained in *Homelessness in Berkeley*, Chapters III and IV.

The Plan proposes that the City

- increase the Berkeley community's understanding of the causes of homelessness, of homeless people and their issues, and of the need for services and housing to reduce, and eventually eliminate homelessness (see page 99);
- shall foster mutual involvement and partnerships between service and housing providers and neighborhood organizations to ensure that genuine community collaborations can constructively address the diverse issues of homeless people in our midst (see page 99); and
- shall maintain its approaches to mitigating problematic street behavior and aggressive panhandling (see page 100).

The Future of Homeless Services Funding

The future of homeless services funding is at best uncertain. The federal government's financial role in the future of the homeless continuum of care remains in limbo. The present is governed by a Congress that maintains level funding for homeless assistance programs (under the McKinney Act) and retains competitive grants processes, while the future appears to belong to the combined effects of block granting with greatly reduced resources available through competition, and welfare reform's impacts, some of which occurred immediately, and the rest of which will not be fully felt for another four years.

Block granting could mean a significant reduction in federal funds for homeless services to Berkeley service providers. Recent estimates by HUD suggest that Berkeley may receive an entitlement block grant of between \$800,000 and \$1.1 million a year.⁴ Berkeley service providers currently receive substantially more than this overall by leveraging their dollars and City subsidies for additional grants. Consolidation of McKinney Act program funds into block grants will mean a reduction of resources available for Berkeley's homeless continuum of care, though how much is not known at this time.

Some Homeless Continuum of Care initiatives serving Berkeley and northern Alameda County recently received \$7.78 million for by HUD's Continuum of Care Homeless Assistance Awards. These funds will provide much needed funds for ongoing transitional housing, youth, domestic violence safe havens, and self-sufficiency programs in Berkeley and northern Alameda County, and a new integrated services program received funding as well.⁵

Welfare reform's impacts will include a greatly increased need for rapid and effective

⁴Eric Landes-Brenman, Homeless Services Coordinator, City of Berkeley, personal communication, September 11, 1997.

⁵Memorandum from City Manager James Keene to the Mayor and Members of the City Council, "Federal Housing and Homeless Program Funding Awards," January 27, 1998.

job training and placement of homeless people, housing placement and support services, and health care. Fortunately, these impacts will not occur immediately, allowing communities some time before the full consequences of welfare reform for poor people are felt throughout society. These eventual impacts must be planned for.

Resources at all levels of government are being invested to address the program requirements of welfare reform, such as job training and subsidized child care. These programs are only being designed at present, and are beyond the City of Berkeley's immediate responsibility for implementation. Where possible, however, these programs should be tapped creatively by service providers to obtain services for people in Berkeley's homeless continuum of care.

Service providers as a group already obtain operating funds for homeless services from a number of public and private sources. The potential decline in federal dollars will be felt directly by Berkeley service providers as well as the City. These declines can be addressed in part by encouraging service providers and municipal jurisdictions to move in the direction of greater regional coordination. As maintenance of service is a top priority for both Berkeley and Alameda County's continuum of care plans. This direction can be reinforced by maintaining service providers' capacity to deliver cross-jurisdictional service plans and housing by having the City of Berkeley pursue joint funding approaches to service and housing provision with other cities in northern Alameda County, including the cities of Albany, Emeryville, and Oakland, as well as the County jurisdiction where appropriate. Service providers will also likely have to pursue private sources of funding more aggressively than ever from individual contributors, corporations and private foundations.

Given the prospect of reduced overall funding for Berkeley's homeless continuum of care, this Plan emphasizes prevention of homelessness as one of the least expensive and most cost-effective means of reducing homelessness.

Proposed Continuum of Care Plan Investments

Table ES summarizes investments needed to fill gaps in Berkeley's homeless continuum of care. It presents the capital costs to the City need to meet just 10 percent of transitional and permanent housing needs of Berkeley's homeless people, as identified in Appendix 2. The Plan proposes to construct or rehabilitate about 177 units across transitional, supported and independent housing models at a potential cost of \$5.68 million to the City's Housing Trust Fund. This estimate assumes that developments obtain some kind of matching financing as well, either from private or other public sources.

Table ES also summarizes new service program investments of \$4.4 million over 5 years needed to implement the Plan's various service proposals. All proposed investments assume the need to find matching funds from numerous public and private sources that will leverage resources from the City of Berkeley. The major cost items focus on prevention strategies -- eviction prevention, and employment training

as a stepping stone to self-sufficiency, income stability, and homelessness prevention. These two strategies alone would account for nearly 45 percent (about \$1.98 million) of total non-capital investments proposed in the Plan. Service provision in the form of various support services and health care for homeless people account for about one-third of the Plan's proposed services investments. The average annual cost of the proposed Plan investments in direct services would be about \$887,800.

Table ES
Summary of Cumulative 5-Year Estimated
Investments to Meet New Needs

Capital Investments in Housing	\$5,680,000
Eviction Prevention	1,407,500
Emergency Shelter	90,000
Housing Services	250,000
Employment, Training, and Income	575,000
Support Services	1,131,175
Health Care	600,000
Plan Administration	385,500
Total New Non-Capital Investments	\$4,439,175
Annualized New Non-Capital Services	\$887,835
Total All Proposed New 5-Year Spending	\$10,119,175
Annualized All Proposed New Spending	\$2,023,835

Note: These estimates suggest what would be needed to reduce gaps in Berkeley services and housing.

The purpose of the Plan is not to determine how all of the proposals contained here shall be funded. That should be an outcome of the community planning process. Instead, the Plan seeks to identify potential sources of funds for program investments⁶ and to stimulate community discussion over how and which homeless services should be provided in light of competing community needs and City budget priorities. The Plan can also be used to set priorities for which programs might develop funding opportunities with other jurisdictions and levels of government and

⁶See Chapter IV, Table 4 for information on potential sources of funds.

the private sector.

Financing Investments in Berkeley's Homeless Continuum of Care

The *Berkeley Homeless Continuum of Care Plan* was created in recognition that some new investment will be needed to close gaps in services and housing for homeless people. The City of Berkeley currently has no certain revenue sources for the investments and programs itemized in Tables 3 and 4 (see Chapter IV, Funding for Homeless Services), and summarized in Table ES. The Plan also recognizes that homeless housing and services must compete with other priorities for City funding.

It is with these competing priorities in mind that the City Manager proposed and Council adopted a Five Year Strategic Financing Plan in the City's budget for FY 1997-98. The Strategic Financing Plan states, in part:

"Given the revenue raising restrictions of Proposition 218, it is even more important now than ever to understand the impact of policy decisions. For the most part, all new or increased taxes must now be voted on by the public. Therefore it is imperative to understand the cost of those decisions, both immediate and long term, and what the City can afford given our limited resources."⁷

One key component of the Strategic Financial Plan states that, "New Council priority projects will require new revenue." In addition, the Financial Plan also states, "Property related costs are increasing primarily due to voter approved General Obligation Bonds. Other property related fee increases should be kept to a minimum to avoid increases that exceed inflation."⁸

The challenge lies in striking a balance between these policies. If all or a portion of the investments needed for implementing the *Berkeley Homeless Continuum of Care Plan* are to be financed, then Berkeley voters (as called for in Proposition 218) will need to be asked to approve some kind of special tax (e.g., an increase in the real property transfer tax or the transient occupancy tax, or some other tax) to raise the dedicated funds for purposes of providing new homeless services and housing. Identifying potential sources of revenue will be a key staff task in the implementation phase of the Plan.⁹

⁷City of Berkeley 1998-99 Biennial Budget: 1998 Proposed, May 5, 1997, p. 39.

⁸*Ibid.*, p. 41, 42.

⁹See Chapter III, Section C, Housing Development Action 2, and Section G, Plan Administration (Long-term Financial Stability, Action 3, below).

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I. INTRODUCTION

Homelessness occurs when a person or household no longer has sufficient income to afford housing; poverty is typically the basic cause. Rent comes due and is not paid; eviction looms. Social scientists believe homelessness results largely from structural causes (that is, causes peculiar to the organization of our society) -- such as insufficient affordable housing, unemployment, poverty, declining income assistance, and a lack of alcohol and other drug abuse and mental health treatment facilities. Because of these factors *some number* of the poor will become homeless. In addition, specific "personal" characteristics (often referred to among homeless policy analysts and service providers as people with "special needs") place individuals at risk for becoming homeless, including domestic violence situations, alcohol and other drug abuse problems, and mental or physical disabilities.¹

Over the years, many strong partnerships and organizational linkages addressing homelessness have been forged. Many have been made possible by funding through federal McKinney Homeless Assistance Act programs, and these efforts have further leveraged financial support from Alameda County, the City of Berkeley, private foundations and corporations, local businesses and the generosity and energy of Berkeley residents. However, these community institutions addressing homelessness are hindered by a lack of institutional forethought and planning, and coordination of effort to ensure that gaps in services are filled.

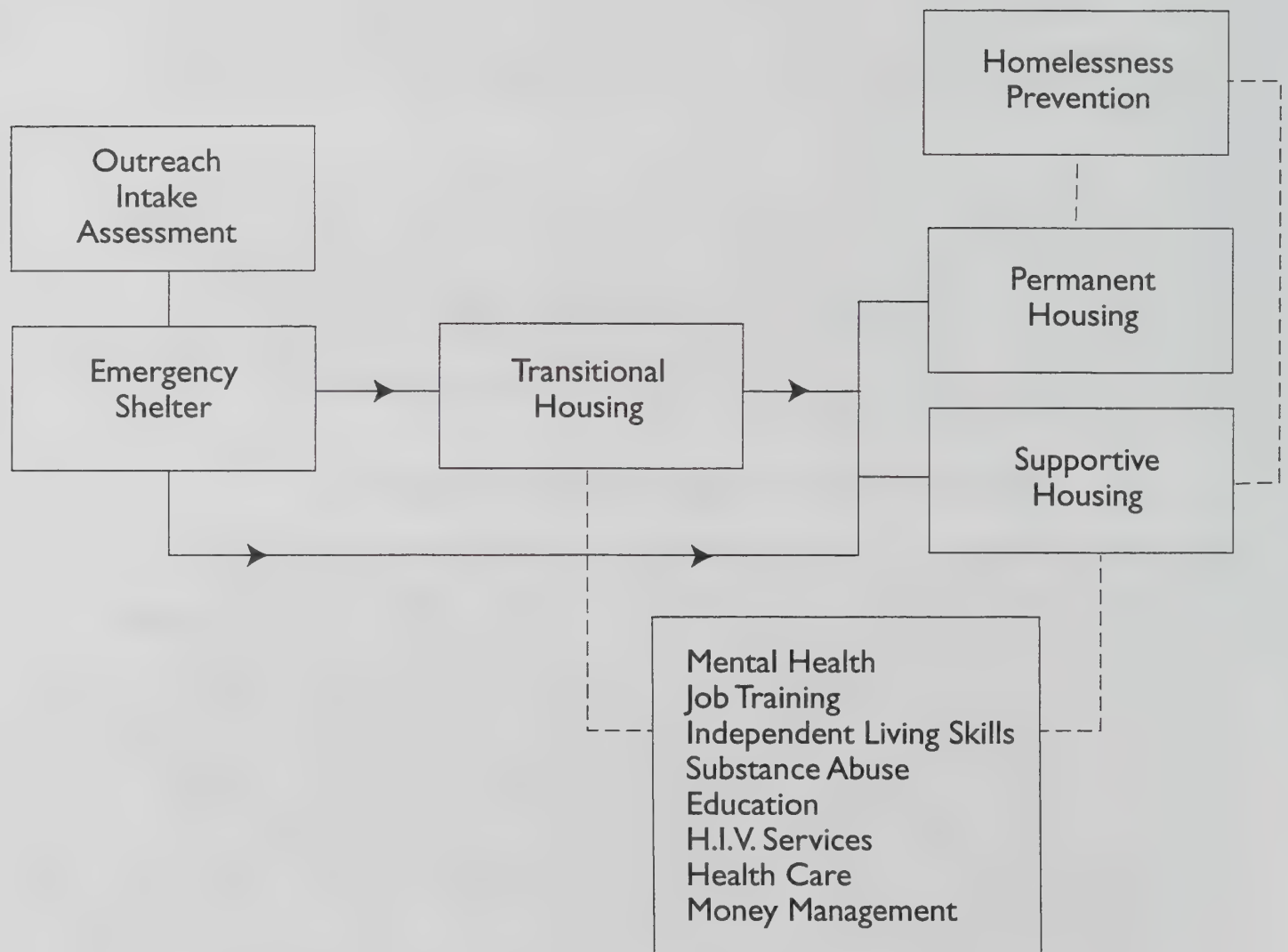
A. What Is a "Homeless Continuum of Care"?

Despite the difficulties of creating and funding Berkeley's homeless services, a continuum of care emerged in the community over time. Figure 1 illustrates the concept of a "homeless continuum of care" system. The continuum concept promotes an effective, integrated, and coordinated system at the local level of health care, housing, employment and support services (including homelessness prevention) for individuals and families who are homeless or at risk of homelessness. The delivery of services in the continuum of care is intended to prevent and reduce homelessness. To a significant degree, Berkeley and Alameda County already operate a homeless continuum of care system with an extensive network of housing, health care and service providers serving the homeless of this county. The question addressed through this planning process is "how shall we as a community improve the delivery of services to address homelessness more effectively?"

As the Guiding Principles (see Chapter II) state, Berkeley is committed to reducing, preventing, and eliminating homelessness. Berkeley intends to use the Continuum of Care Plan as a means for organizing its efforts to address homelessness. To reduce homelessness, Berkeley intends to shrink the length of time homeless people are without housing and means for their own self-sufficiency. To prevent homelessness,

¹Maria Foscarinis, "Downward Spiral: Homelessness and Its Criminalization," *Yale Law & Policy Review* 14(1): 11-12, 1996.

CONTINUUM OF CARE



Berkeley intends to provide emergency, short-term, and long-term assistance to people at risk of homelessness through a range of monetary and non-monetary means. To eliminate homelessness, Berkeley intends to provide services and housing that give homeless people meaningful opportunities to obtain affordable housing and achieve self-sufficiency. Berkeley certainly cannot solve homelessness as a societal problem, but this community believes that compassionate provision of appropriate services can help get homeless people back on their feet for the long haul.

The *Berkeley Homeless Continuum of Care Plan* supplements the policy frameworks contained in the City's General Plan Housing Element (now in preparation) and Consolidated Plan for Housing and Community Development, by focusing on gaps in housing and services directly related to the needs of homeless people, and those at risk of homelessness. The Plan sets goals and makes recommendations to address these gaps. It also incorporates and recognizes a number of already existing City policy frameworks, programs and strategies, and consolidates them into one overall policy statement relating to homelessness in Berkeley.²

B. Why is a Plan Needed?

Berkeley needs a homeless continuum of care plan for several reasons:

- There is a need to have the community-oriented planning process develop such a plan so that the citizens of Berkeley understand the challenges that now exist and that loom in the future affecting homeless people and the community's ability to respond to these challenges.
- There is a need for a coherent policy framework for homeless services to help guide City Council decisions affecting homeless people and to cope with fiscal uncertainties while addressing the real needs of homeless people.
- There is a need to continue the City Council's support for regional coordination on homeless issues, particularly by supporting coordination with the Alameda County-wide Homeless Continuum of Care Plan adopted by the County Board of Supervisors in July 1997.

The Need for Community Involvement

For the past 25 years, the City of Berkeley, community agencies, religious institutions, businesses and other concerned community members have responded to the needs of homeless youth, families, and single individuals. Berkeleyans have provided food, clothing, transportation, shelter, housing, job-related services and a variety of health

²This Plan, however, does not address service or housing siting issues, except insofar as community support for new facilities is at issue. Siting issues will be addressed in the General Plan Land Use Element, now in review by the Planning Commission. Community Support issues are addressed in Chapter IV, Section H, Community Support.

care services. These efforts have been valiant in meeting some of the needs of homeless people, but they fall far short of what is needed to substantially reduce homelessness.

The Berkeley City Council caught the tone of the community's resolve to address homelessness when it adopted a human rights ordinance (Ordinance No. 5985-N.S.) on June 26, 1990. Section 1 of the ordinance states in part:

"With a view to the creation of conditions of stability and well-being which are necessary for peaceful and friendly relations among the people of this city and region, based on respect for the principle of equal rights of people, the City of Berkeley shall promote:

- "a. Higher standards of living, full employment, and conditions of economic and social progress and development;
- "b. Solutions of local economic, social, health and related problems; and regional cultural and educational cooperation;
- "c. Universal respect for, and observance of human rights and fundamental freedoms for all without distinction as to race, sex, language or religion."

Homelessness affects many aspects of life in Berkeley, from the visible panhandlers in our commercial districts to the board, commission and Council meetings where decision-makers and residents grapple with decisions affecting the provision of services and the location and financing of affordable housing. Berkeley's citizenry is active and committed, and demands high quality services for the taxes they pay. The community is thus entitled to its involvement in development of the Continuum of Care Plan. Indeed, this Plan is called the "Berkeley Homeless Continuum of Care Plan", and not the "City of Berkeley Homeless Continuum of Care Plan" because its recommended actions involve commitments not only by the City of Berkeley but also community agencies to collaborate on problem-solving and creating efficient methods of service delivery so that homelessness can be reduced and eliminated.

Community involvement is also important because the Plan seeks to help educate the Berkeley community about homelessness, and what community-based strategies and partnerships can be used to reduce and eliminate it.³ *The Plan also encourages active collaborations between agencies providing services and their neighbors in the hope that neighbors will develop a stake in quality service provision while providers will develop more of a stake in their neighborhoods.*

Community involvement is important to meeting the challenges federal welfare reform will pose in the years to come. While the impacts of welfare reform enacted in 1996 are still not well known, public officials at the County and local levels, as well as homeless service providers, agree that federal welfare reform poses serious challenges to the capacity and integrity of Continuum of Care services in Berkeley and Alameda County, as elsewhere. The loss of income supports could result in increased evictions not only in private housing but also in publicly subsidized rental

³In addition to this Plan, see City of Berkeley Interdepartmental Team, *Homelessness in Berkeley*, June 1997, available from the Health and Human Services and Housing Departments.

housing. Its impacts will unfold during the five-year implementation of this plan, and so this plan must address anticipated consequences.

According to a former federal welfare official:

"[Welfare reform] closes its eyes to all the facts and complexities of the real world and essentially says to recipients, Find a job. That has a nice bumper-sticker ring to it. But as a one-size-fits-all recipe it is totally unrealistic.

"Total cutoffs of help will be felt right away only by immigrants and disabled children -- not insignificant exceptions. The big hit, which could be very big, will come when the time limits go into effect -- in five years, or less if the state so chooses -- or when a recession hits."⁴

Consequently, if we are to meet Berkeley's share of the challenges posed by welfare reform, the Berkeley community will need to be involved in planning for them.

The Need for a Coherent Policy Framework

Ten years into the epidemic of homelessness, the City of Berkeley has no coherent policy framework with which to address the problem. Berkeley needs a plan to guide how the City will address homelessness within its limits, what strategies the City will employ to overcome difficulties in the existing continuum of care system, and what commitments the City will make to address homelessness outside of Berkeley. With Alameda County's adoption of its own *Alameda County-wide Homeless Continuum of Care Plan* in July 1997, and the establishment of the Alameda County Continuum of Care Council (ACCCC), these regional problems will be addressed with participation from Berkeley.⁵

A plan for a Berkeley homeless continuum of care needs also to be seen as a declaration of broad City policy about the objectives and purposes of homeless service spending, which will help set priorities for funding decisions the City Council makes each year.

This Plan comes before the community at a time of great fiscal uncertainty. To help address the uncertainties facing the City as a whole, City Manager James Keene proposed, and Council adopted, a 5-year financial plan for the City in June 1997. The Financial Plan is intended to focus funding choices by placing them within a planning horizon that can easily reflect the implications of Council policy and funding choices. The *Berkeley Homeless Continuum of Care Plan* was not available at the time the 5-year Financial Plan was adopted, so it will have to be brought to Council so that Council can see funding priorities and trade-offs between choices better.

⁴Peter Edelman, "The Worst Thing Bill Clinton Has Done," *The Atlantic Monthly*, March 1997, p. 50.

⁵At this writing, the City of Oakland is engaged in its own homeless continuum of care planning process.

Discussions aimed at recognizing and improving the homeless continuum of care have been spurred on by the Clinton Administration and the U.S. Department of Housing and Urban Development (HUD) since 1994, when HUD produced its report, *Priority: Home! The Federal Plan to Break the Cycle of Homelessness*. HUD and the U.S. Congress have proposed to convert the federal government's major homeless assistance program, the McKinney Homeless Assistance Act, from a competitive grants-based system to a block grant method of allocating funds to help homeless people. The most recent conversion proposal before Congress requires that all entitlement jurisdictions (of which Berkeley would be one) must have a homeless continuum of care plan in place to receive its McKinney Act block grant. Berkeley homeless service providers will also benefit from Berkeley having an adopted continuum of care plan because HUD scores applications from communities with such plans higher than those without plans.

Continuing Regional Coordination

Homelessness respects neither city nor county borders. Since 1994, the City of Berkeley has made intensive efforts to improve regional coordination toward implementation of the City's longstanding policy goal of a more equitable, fair-share distribution of homeless services and supportive housing in the Bay Area and Alameda County.

To date, regional approaches to addressing homeless issues have floundered for several reasons. These include:

- a highly mobile and fluid homeless population with varying acute and long-term needs;
- significant service gaps and a lack of affordable housing, particularly for detoxification, support services, residential treatment, board and care, and single room occupancy and service-enriched housing capacity;
- insufficient funding for comprehensive service delivery and supportive housing;
- multiple funding sources with difficult-to-coordinate mandates and program requirements;
- a lack of legislative and/or fiscal incentives to provide homeless services and affordable housing along all elements of the continuum of care; and
- community resistance to the siting of services and housing, both in Berkeley and throughout the region.

Alameda County recently adopted its own *County-wide Homeless Continuum of Care Plan* which will provide a new regional county-wide focus to homelessness reduction efforts. Berkeley's plan will strive to be a community-wide plan that enables the City and its homeless service providers to fit into a larger regional institutional and policy framework while continuing to provide quality services to homeless people in Berkeley.

C. Major Goals

The *Berkeley Homeless Continuum of Care Plan* (also referred to here as "the Plan") is a five-year strategic plan to prevent, reduce, and end homelessness here. Because it is developed in the same spirit of cooperation and collaboration as the Alameda County-wide Plan, Berkeley's Plan should be seen as a community-wide plan for improving homeless services. It lays out not only actions that the City of Berkeley intends to take, but calls for collaborative partnerships among a variety of community agencies to work with the City and each other on homeless issues. This Plan builds on the existing system of services, and envisions access to a continuum of services for all homeless people in Berkeley, including preventive services and resources, through the homeless person's first contact with emergency assistance and shelter, transitional housing, services, and permanent affordable housing. The Plan recognizes that its goals and actions will best be reached through coordination of Berkeley's efforts with those of neighboring jurisdictions, particularly Oakland, Alameda County, and region-wide entities.

The major goals of this Plan are to:

- Maintain the capacity of existing services;
- Build new opportunities for homeless housing and services through partnerships with other communities;
- Establish priorities for Berkeley's allocation of entitlement resources for housing and services targeting homeless people;
- Improve the overall quality of services and housing provided to homeless people;
- Coordinate local and regional efforts to address homelessness; and
- Prepare for *expected* increases in need as a result of structural changes such as welfare reform.

D. Berkeley's Planning Process

Preparation of this Plan is the joint effort of the City of Berkeley and the Independent Task Force on Homelessness, and its development includes input from Berkeley boards and commissions, homeless people and service providers. With its release last December, the Plan went to the Berkeley community to receive comments and suggestions on how it can be improved and for guidance on overall policy issues that it addresses. These comments are now incorporated into this revised Plan that will be circulated through a number of boards and commissions for recommendation to and eventual adoption by the Berkeley City Council.

The Plan will go through four phases:

Fact-finding and Assessment (approximately August 1996 to May 1997)

The first phase focused on the background report on homelessness in Berkeley;

publicizing of the Berkeley Homeless Continuum of Care Plan process with boards, commissions, service providers, and service users; and development of a set of proposed guiding principles (see Chapter II) that are intended to provide the framework for the goals and actions that are developed out of this planning process.

Commissions expressing interest in the Berkeley Homeless Continuum of Care Plan include:

- Peace and Justice
- Housing Advisory
- Mental Health Advisory
- Human Welfare and Community Action
- Community Health
- Youth
- Disability
- Aging
- Planning
- Status of Women

Staff efforts in this phase of homeless continuum of care planning involved personnel from three City departments, including the Housing Department, the Planning and Development Department, and the Health and Human Services departments.

Surveys of homeless service users and service providers were taken in September through November 1996, and data analysis was completed in February and March 1997, respectively.

In addition, during October and November 1996, staff publicized the Berkeley homeless continuum of care planning process before most or all of the commissions mentioned above, through dissemination of an information report announcing the planning effort, and through staff presentations. Staff released a background report, *Homelessness in Berkeley* in June 1997 to provide information about homelessness and homeless services throughout Berkeley, culminating the first phase.⁶

Plan Drafting (approximately June through December 1997)

The second phase began in June with staff preparation of a draft Homeless Continuum of Care Plan. This phase is now completed with the release of the Plan to public review in November to the public, boards and commissions, and the City Council.

Public Review and Council Adoption (approximately December 1997 to July 1998)

With release of this Plan, the third phase began with public review of the draft Plan and continues to its adoption by Council, anticipated for mid-1998. Many meetings

⁶*Homelessness in Berkeley* is available on request from the City of Berkeley Housing Department.

are planned at numerous convenient locations to stimulate discussion and public comment on the Plan.

Since the release of the draft *Berkeley Homeless Continuum of Care Plan* in December 1997, City staff and members of the Independent Task Force on Homelessness (ITFH) have presented the draft Plan at 12 commission and board meetings (including the Commission on Labor and the Rent Stabilization Board), five meetings with homeless service users, two meetings for service provider comments, and three general community meetings at Senior Centers. During the planning process on the draft Plan staff and ITFH members heard over 280 different comments from many people attending these meetings and writing letters to staff.

In addition, at the five service user meetings staff estimates that about 250 people heard presentations on the draft Plan between late January and late March 1998.

Implementation (approximately 1998 through 2003)

The fourth phase will be implementation of the Plan, through its goals and recommended actions, including the anticipated receipt and allocation of homeless assistance block grant funds from HUD. Implementation will also involved increasing coordination among local boards and commissions in program design and their respective funding advisory roles. Depending upon the block grant program guidelines, the City may be required to submit its Continuum of Care plan to HUD.

II. GUIDING PRINCIPLES

These Guiding Principles are modeled on principles adopted by the Alameda County Continuum of Care Working Group (CCWG) as the County-wide plan was developed. These Guidelines were approved by the Independent Task Force on Homelessness in June 1997 to guide development of the draft Plan. They are goal statements to be reasonably interpreted in an effort to make each Guiding Principle a reality within five years of adoption of this plan. These Guiding Principles are used to frame and interpret the recommendations in Chapter IV of the Plan.

1. **Unified Strategy Through Multi-Jurisdictional Cooperation**

Berkeley is committed to reducing, preventing, and ending homelessness in our City. Berkeley believes that it is essential to set priorities for its strategies for ending homelessness through development of a Homeless Continuum of Care Plan. Berkeley further recognizes that the problem of homelessness is regional and national in scope. Therefore, Berkeley's Homeless Continuum of Care Plan should complement the Alameda County-wide Continuum of Care Plan and Oakland's Continuum of Care Plan efforts to combat homelessness.

2. **Integrated and Coordinated System**

Services and housing to reduce, prevent and eliminate homelessness will be delivered through an integrated multi-jurisdictional service and supportive housing collaborative, which recognizes the importance of homeless-specific services while incorporating mainstream services to avoid unnecessary further expansion of a system exclusively for homeless people. Such a system should stress community participation in its operations and avoid creating a large regional bureaucracy that stifles innovation.

3. **Long-Term Solutions**

While emergency shelter is often a necessary first step in assisting homeless people, emphasis will be on strategies with the best long-term solutions such as, but not limited to, housing, jobs and employment-related services, and treatment services.

4. **Prevention**

Prevention is key to addressing homelessness. Strategies that maintain and encourage residential stability, link housing and support services, and strengthen services in neighborhoods will be emphasized.

5. **Mutual Rights and Responsibilities**

Respect for the mutual rights and responsibilities of participants, providers and funders of homeless services, and the public at large, is essential to the success of the continuum of care.

6. **Human and Civil Rights**

Consideration for human and civil rights concerns will be adhered to throughout all aspects of the continuum of care, including gathering information on programs and participants.

7. **Equal Access**
Equal access to the system will be provided regardless of mental or physical disability; complexity of need; race; age; sex/gender; social class; national origin; cultural background including preferred language; sexual orientation; religious identity, veteran status, legal immigration, residency status, or familial status.
8. **Participation of Service Users**
Homeless and formerly homeless people, and those at risk of homelessness, will participate in the planning, development, delivery, governance, and evaluation of programs, services, and housing.
9. **Equal Representation**
Staff and providers throughout the system will reflect the communities being served by the continuum of care.
10. **Client Centered**
Provision of services and housing that compose the continuum of care shall focus on meeting the needs of the client and shall be so organized.
11. **Accessible Services**
Services and information will be easily and universally accessible to participants of the system as well as the public at large; that is, the whole continuum of care must provide this information.
12. **Equitable Distribution**
The investment in and distribution of housing and supportive services will be equitably distributed throughout Berkeley and throughout the region.
13. **Meeting the Need**
Services, housing, and resources to reduce, prevent, and end homelessness will be provided in proportion to the need. This will be accomplished through expanding existing services and housing, directing existing funding from a variety of sources, creating new services as needed and leveraging new funds and refocusing programs. All decisions will be based on the most reliable data available.
14. **Minimum Service Level**
Emergency services throughout the system shall provide a minimum level of service to all those in need, including, but not limited to basic sheltering, food, clean bed, showers, assessment services, and services and housing coordination.

15. Standard of Quality/Accountability

A standard of quality for decent, humane and safe services and housing, and the management of those services and housing, shall be developed and adopted for all housing and services within the continuum of care. Providers shall be held accountable for adhering to that standard.

16. Framework for Adequate Resources

Participants in the effort to reduce homelessness while meeting the needs of homeless people will reach for the most effective, innovative, creative and viable strategies, while attending to the task of securing adequate resources.

17. Outcomes, Assessment, and Evaluation

A plan for the collection and analysis of reliable, objective data shall be developed and implemented. This plan shall use demographic data, information on unmet needs and consistent outcome measurement instruments in order to assess and evaluate the effectiveness of services and housing provided to homeless people and people at risk of homelessness. The plan shall also include input from consumers of these services and other stakeholders.

18. Building Community

The delivery of services and housing to homeless people and those at risk of homelessness shall at all times be a dynamic and ongoing process, conscious of building community among all participants in the process, and shall enhance the creation of community among all peoples in Berkeley and Alameda County. Many currently homeless people may make important contributions to our community if they can find a place in society once again.

III. GOALS AND RECOMMENDED ACTIONS

This chapter contains the detailed analyses, goals, and recommended actions of the *Berkeley Homeless Continuum of Care Plan*. There are eight major sections to this chapter:

- A. Eviction Prevention
- B. Emergency Shelter
- C. Housing
- D. Employment, Training, and Income
- E. Support Services
- F. Health Care
- G. Plan Administration
- H. Community Support

During the recently-completed public review process, a number of gaps in services and housing efforts were identified by the public. To a great extent, these suggestions have been incorporated into this revised Plan.

A. Eviction Prevention

Eviction prevention, for the purpose of the *Berkeley Homeless Continuum of Care Plan*, shall refer to programs providing assistance to prevent loss of housing by people who reside in permanent housing, but are at risk of losing their homes. Such programs include emergency rent and mortgage payment assistance, but can involve a variety of non-cash strategies as well.

Long-term strategies for eviction prevention, of course, include increasing the supply of quality affordable and accessible housing in Berkeley, together with stable jobs paying livable wages. These longer-term strategies are addressed below in Sections C, D, and F of this Chapter.

Neither Berkeley nor Alameda County spends more than 5 percent of all continuum of care dollars on prevention and outreach approaches to addressing homelessness.¹ Yet it has been proven that prevention efforts are cost-effective compared to funds spent on more costly programs that are needed once a household has already become homeless. Investing further in prevention efforts, including those preventing *unnecessary* evictions, will save individuals and families from going through the pain and dislocation resulting from an episode of homelessness.

As a community, Berkeley already has considerable experience with preventing arbitrary or capricious evictions, having passed its Good Cause for Eviction Ordinance in 1980. The goal of eviction prevention activities through the *Homeless*

¹*Homelessness in Berkeley*, Table 10, p. 49.

Continuum of Care Plan should be to prevent *unnecessary* evictions, ones in which financial or legal assistance can make the difference in specific situations. It should not be to prevent evictions for good cause as defined in the ordinance.

Cash-based eviction prevention programs provide short-term rental assistance, rental guarantee, and move-in costs to homeless people, and very low income individuals and households. BOSS operates a \$30,000 eviction prevention program that works with landlords to stabilize tenants in their own permanent housing. The City of Berkeley contracts with Catholic Charities of the East Bay to operate the HIV/AIDS Housing Assistance Program (HHAP). This program began in November 1996 and provides housing assistance to people with HIV/AIDS to prevent them from being evicted for non-payment of rent. This program also provides move-in cost assistance to help people living with HIV/AIDS get housing.

Payee programs can be especially helpful in preventing evictions by enabling participants to keep their private sector housing. This service is particularly helpful to people who constantly recycle into homelessness, including those with severe mental disabilities or alcohol and/or drug abuse problems. Individuals agree to volunteer their incomes to community agencies who ensure that their rent is paid on their behalf and sometimes help with personal budgeting. BOSS and the Homeless Action Center (among other agencies in Berkeley) provide payee services on a voluntary basis for their clients.

Eviction prevention can also include activities intended to educate both landlords and tenants about the rights and obligations of each in providing, maintaining, and using safe, decent and affordable rental housing. This way unnecessary evictions can be prevented without the need for emergency cash assistance in instances where the tenant lacks such knowledge.

Conciliation and mediation methods for conflict resolution can also be helpful in preventing evictions. Berkeley Dispute Resolution Service currently provides this service in Berkeley, but does not offer services targeting the prevention of evictions.

For Fiscal Year 1997-98, the Berkeley City Council directed the City Manager to set aside \$110,000 from the Housing Trust Fund to fund a Homelessness Prevention Program. A number of homelessness prevention strategies are also suggested in the Health Care section (Section F, below) for people with mental disabilities, alcohol and/or other drug abuse problems, or multiple diagnoses.

At a presentation before the Rent Stabilization Board in February 1998 by City staff and the Chair of the Independent Task Force on Homelessness, staff and Rent Board members discussed development of an "early warning system" for tracking pending evictions for non-payment of rent and other legal causes. This system of tracking 3-day and 30-day notices would be linked with the Homelessness Prevention Program and a variety of other potential services available through Berkeley's homeless continuum of care.

Blind, disabled, and elderly people face stiff competition for housing in Berkeley when they must move to a new dwelling. If they get no assistance in their housing searches they may be at risk for evictino and possibly homelessness. With help, these individuals may be able to fill out applications and be driven around to meet landlords and view available units. The City of Berkeley's Shelter Plus Care Program relies on volunteers to assist homeless people with their housing searches once they've qualified for Shelter Plus Care assistance. Such a model could be used more widely to great effect.

Eviction Prevention Recommendations

Goal

Maintain and expand Berkeley's investment in eviction prevention and fair housing activities with the aim of addressing tenant problems constructively to avoid unnecessary evictions that could lead to homelessness.

Actions

1. **Develop emergency cash assistance programs to serve low-income tenants at risk of losing their homes.**
2. **Existing programs, such as the Berkeley HIV/AIDS Housing Assistance Program, should be extended with new funds to maintain current client loads.**
3. **Maintain and expand legal services that prevent unnecessary evictions (see also Section E, Support Services, Legal Services and Benefits Advocacy).**
4. **Continue administration of the City's Good Cause for Eviction Ordinance and ensure that new and existing homelessness prevention activities are coordinated with the Rent Board's enforcement of the Ordinance.**
5. **Create and maintain programs to make housing assistance available to cover the rent of very low-income people who are in residential treatment sites for drug and/or alcohol addiction.**
6. **The Berkeley Housing Authority shall develop procedures to assure full use of all Section 8 certificates and vouchers in the City's allocation.**
7. **The City shall prepare a booklet for distribution to all landlords and tenants on how to prevent homelessness in Berkeley. The booklet should provide accurate information about landlord and tenant legal rights and obligations, including fair housing laws, and City and community agency resources for homelessness prevention. The booklet should be translated into other languages, including Spanish, Chinese, and Vietnamese, to increase its**

readership and usefulness to low-income people at risk of homelessness in Berkeley, and shall be available in alternative formats as well.

8. **Develop payee service programs, potentially linked with the cash-based assistance program through which service provider agencies can assist people vulnerable to homelessness (e.g., people with severe mental disabilities or substance abuse problems, or those who recycle into homelessness) to ensure their rent is consistently paid on time.**
9. **To reduce the risk of homelessness and promote community-based problem-solving, the City of Berkeley and the Berkeley Rent Stabilization Board shall work with existing mediation and conciliation programs to expand conciliation solutions to tenant/landlord conflicts and issues, including property management staff training.**
10. **Promote fair housing compliance through support of investigative agencies and policies rewarding fair housing practices.**
11. **The City of Berkeley shall give priority in CDBG/CSBG funding allocations to collaborative programs among benefits advocates, service providers, and case managers that assists low-income and homeless people with improving bad credit histories and thereby improve their chances of getting and keeping stable housing.**
12. **The City and the Rent Stabilization Board shall develop an early warning system, linked with the City of Berkeley's homelessness prevention program and other relevant services. This system shall track pending evictions and provide outreach about homelessness prevention interventions that could keep people of all ages who are at risk from losing their housing unnecessarily. This system should make optional service referrals available.**
13. **City staff at senior centers and youth programs should arrange workshops on homelessness prevention, tenant-landlord law, and housing rights for program participants.**
14. **The City shall work with Berkeley rental property owners and professional managers to improve coordination of tenants' special or basic needs with services available from community service agencies.**
15. **Building on the City's Shelter Plus Care volunteer housing search assistance model, the City shall collaborate with Berkeley service providers, Oakland homeless programs, and Alameda County to develop housing search assistance organizations as a strategy for preventing homelessness among at-risk populations with special needs.**

B. Emergency Shelter

Emergency shelters are publicly or privately operated facilities in which supervised beds and sleeping spaces are provided for individuals or families lacking access to their own permanent, standard, night-time sleeping space. Shelters are often the first place many people go when they lose their permanent housing. Shelters typically limit stays to a relatively short time-limit, usually from 30 to 90 days in most cases. Berkeley currently has 200 beds at four emergency shelters. The shelter beds in Berkeley are full to capacity most nights each month, particularly in the winter.

Emergency shelters are only intended for temporary use, but they can provide important early links between a family's or individual's experience of homelessness, and opportunities for returning to self-sufficiency. Consequently, it is critical that shelters possess effective networks that can quickly move homeless people into situations in which they can achieve stability while working towards self-sufficiency.

The four shelters in Berkeley serving the homeless are:

- Harrison House: single men and women; and women and two-parent families with children to age 13;
- Veterans Memorial Building Overnight Assistance Center: linked with the Multi-Agency Service Center there, serving single men;
- Dwight Way Women's Shelter: serving women with children to age 13; and
- Women's Refuge: serving victims of domestic violence and homeless women and their children.

Different shelter agencies provide shelter services differently, basing their approach on the agency's capacity to provide services, its mission in providing services, and/or federal/state/locally-defined requirements for the population being served.

Under the *Alameda County-wide Homeless Continuum of Care Plan*, the County will establish and disseminate minimum shelter care standards (see Section E, Support Services, Standards of Service Provision). Community agencies operating shelters will be required to certify that they have completed and implemented training and technical assistance workshops offered by Alameda County. Those workshops will assist with bringing services and facilities up to the minimum standards of service mandated by Alameda County, upon which continued County funding will be contingent.

Emergency Shelter Recommendations

Goal

Maintain the existing supply of shelter beds in Berkeley and improve the existing shelter system.

Actions

1. The City shall work with community agencies who manage transitional housing programs and properties to ensure they carefully plan to fill projected funding and service gaps before emergencies arise.
2. Agencies operating shelters in Berkeley shall evaluate their facilities' assets and identify where funding and service gaps will likely arise.
3. Establish community-developed minimum standards of service provision for all shelter providers, consistent with standards of service provision developed through the Alameda County-wide process.
4. To meet minimum standards, resources should be available for shelters to enhance their in-house case management, support services, and community building activities and efforts.
5. Maintain existing shelter capacities and within that level, expand shelter bed capacity for homeless people with special needs, such as homeless youth, seniors, people with mental disabilities, drug or alcohol disabilities, dual diagnoses, and survivors of domestic violence.
6. All general purpose shelters should review their programs to determine how they can better serve homeless fathers with children, women with adolescent minor boys, people with HIV/AIDS and veterans, with possible expansion of services to these target groups. Every effort should be made to maintain and develop shelter facilities that avoid unduly breaking up intact families.
7. The City of Berkeley shall work with emergency shelter and transitional housing providers to improve linkages between shelters, transitional housing, and integrate with other critical support services.
8. Maintain an appropriate ratio of shelter beds to transitional and other residential housing resources in order to reduce the number of homeless people who recycle through shelters because of insufficient transitional or other housing placements.
9. Continue providing winter shelter capacity at existing shelter sites during inclement weather.
10. All shelters should review their operations to determine how to provide more flexible service for workers with jobs who must keep unusual hours, for workers with children needing subsidized child care, and for disabled people assisted by service animals.
11. Shelters should, on a regularly scheduled basis, convene workshops for shelter residents with shared-housing organizers to promote shared housing

as an affordable means of getting independent housing.

12. The City and shelter providers should develop strategies for providing "sick rooms" where homeless people of any age with sub-acute illnesses can rest and get well.
13. The supply of emergency motel vouchers should be increased to help with seasonal increases in shelter needs, including supplementing temporary winter shelter beds.
14. The City of Berkeley and shelter providers shall consider how accommodations might be made for homeless people with multiple chemical sensitivities and wheelchairs to improve overall accessibility of their shelters.

C. Housing

Housing is typically the largest single expense in the household budget. Federal, state and local housing programs frequently limit the rent that low-income households pay to no more than 30 percent of their gross income. But many low-income households are not fortunate enough to benefit from these programs. Poor households frequently spend 50 to 75 percent of their incomes on housing alone -- a crisis situation for these households where the dire choice is between paying the landlord or buying food and other essentials for the family.

A critical relationship therefore exists between incomes and housing in the lives of poor people. The higher housing costs rise, or the more income supports and job opportunities are cut, the less disposable income poor households have for other essential purposes, including education, food, and health care. Many families and individuals are one pink slip away from being unable to keep their current housing situation. If they lose their housing, they may lose their social networks through relocation or face strained relations due to doubling up or the psychological problems that often result from the stress of unemployment and homelessness.

Housing is critical to the continuum of care for homeless people. It literally gives homeless people a place in society once again, an address from which they may rebuild their lives and return to the economic and social self-sufficiency of adulthood. Moreover, affordable, available, and accessible housing is imperative if our funds spent on services for homeless people are to be used effectively -- by keeping clients from going in circles, never getting out of homelessness.

The need for expanding the supply of affordable housing in Berkeley and the region has never been greater. However, we face many uncertainties in housing and homeless programs:

- No growth or declines in CDBG and HOME funds;
- Cuts to Section 8 certificates and vouchers;
- Cumulative effects of conversion of private sector federally-subsidized rental units to market-rate ownership or rental housing;
- Cumulative effects of no new affordable public housing unit construction in nearly a generation;
- Cumulative effects of state pre-emption of vacancy control in rent stabilization;
- Potential termination of project-based Section 8 housing subsidies by Congress, and its local impact around Alameda County;
- Uncertain prospects for future housing development resources under McKinney Act block granting; and
- Changes made in the California Tax Credit Allocation Committee Qualified Allocation Plan policies which de-emphasize tax credit financing for construction of Bay Area affordable housing developments.

The *Berkeley Homeless Continuum of Care Plan* outlines priorities for the City of

Berkeley and the Berkeley community to meet the needs of homeless people for housing and shelter, to prevent new waves of homelessness, and to ensure a long-term increase in the supply of affordable housing and shelter throughout Berkeley. The goals and actions recommended for housing will seek to fine-tune and implement these existing goals and policies. They are grouped under the following topics:

- Transitional Housing
- Permanent Supported Housing
- Permanent Affordable Housing

Transitional Housing

Transitional housing programs provide residents with a stable living environment and access to support services for a limited time to assist them in making a "transition" to a more permanent residential situation. Transitional housing programs are a critical juncture for many people escaping homelessness and other special issues (including domestic violence, drug or alcohol abuse, or mental health problems). In conjunction with residency in transitional housing, tenants have access to treatment programs, counseling, social services, and case management. Residency in transitional housing situations is usually limited to 12 to 24 months.

Transitional housing is key for many homeless people to get back on their feet and end the cycle of homelessness. Transitional housing can be provided in two different ways: 1) *site-based* transitional affordable housing with on-site (and sometimes additional off-site) services; and 2) *transitional rental assistance* to people in market housing accompanied by service coordination and off-site services. Both forms of transitional housing can be effective, depending on service needs of the families and individuals involved, and their ease of reaching self-sufficiency.

Site-based transitional housing can offer more intensive service support programs and strong community-building right where the client lives. One drawback of this approach, however, is that by the end of the 12 to 24 month time limit, residents must locate affordable permanent housing, assuming they can then afford to pay the rent on their own. Having to relocate can potentially disrupt their access to services and community connections.

Transitional rental assistance, on the other hand, may allow for increased continuity and flexibility in siting individuals. Participants do not have to spend time looking for new housing and arranging a move after the transitional period is up. Agency case managers must be active in ensuring the participants get convenient transportation to service programs.

Under the *Alameda County-wide Homeless Continuum of Care Plan*, a county-wide planning process will develop, establish, and disseminate minimum transitional housing program operation standards. Community agencies operating transitional housing will be required to certify that they have completed and implemented

training and technical assistance workshops offered by Alameda County that bring their services and facilities up to the minimum standards of service provision created by the Alameda County, upon which continued County funding will be contingent.

As identified in Appendix 2, Gaps Analysis (below), the *Homelessness in Berkeley* report, and in the *Alameda County-wide Homeless Continuum of Care Plan*, there is a significant shortage of transitional housing throughout Alameda County, especially for families and people with multiple diagnoses.

Transitional Housing Recommendations

Goal

Maintain the existing supply of transitional housing units and programs, and plan for additional programs that will assist homeless people with special needs.

Actions

1. The City shall work with community agencies who manage transitional housing programs and properties to ensure they carefully plan to fill projected funding and service gaps before emergencies arise.
2. Expand the supply of transitional housing including housing targeting veterans, fathers with children, seniors, survivors of domestic violence, people with mental disabilities, alcohol and other drug abuse problems, and dual diagnoses.
3. Expand the supply of youth-targeted transitional housing available in Berkeley, and identify and provide services needed to facilitate the transitions of homeless youth toward self-sufficiency and emancipation and/or family reunification.
4. Expand support services available in transitional housing in Berkeley. Work with focus groups of service consumers and providers to identify and implement appropriate new services, including personal care assistants for disabled people.
5. The City shall refer to the Housing Advisory Commission a proposal to target three rounds of Housing Trust Fund loan allocations to the development of transitional housing units over the next 5 years that address the needs of homeless people with special needs identified in this Plan.

Goal

Strengthen the linkages between transitional housing programs and other housing and service components of the Berkeley continuum of care.

Actions

1. Community agencies shall collaborate to strengthen referral connections for people released from institutions without housing to shelters, case management, and treatment centers to ensure that vacancies are quickly filled, and that people are directed to the most appropriate housing available.
2. The City shall identify as a funding priority the creation of a system to follow-up and support people who complete transitional housing programs to ensure they find and retain permanent housing.
3. The City shall collaborate with Alameda County, transitional housing participants, and community agencies to establish minimum standards of service for all transitional housing program providers, consistent with standards of service provision developed by the Alameda County-wide standard-setting process.
4. The City shall collaborate with service providers to create a mobile multi-service team to increase service capacity at site-based transitional housing programs and to provide services where concentrations of non-site based transitional housing clients are located. These teams could build on existing mobile teams or new mobile interdisciplinary health care teams called for in Section F, Health Care, in this Plan.
5. Stabilize funding for support services in transitional housing, and link them closely with agency capacity-building efforts, City and primary health care services, and mobile support service teams.
6. The City shall ensure that operators of transitional housing programs are informed of their rights and obligations under the Transitional Housing Misconduct Act.

Permanent Supported Housing

Permanent affordable supported housing is intended for people with long-term intensive needs for support services. In contrast, independent permanent affordable housing (a private apartment unit or single family house) may or may not be linked to support services. Permanent supported housing can effectively address and ultimately end an individual's experience of homelessness; as a means of keeping service-dependent segments of our poorest residents housed, permanent supported housing can be a key tool and resource in ending homelessness. While a large segment of homeless people can achieve stability and permanent housing after emergency and transitional programs (including job training, etc.), there is another segment of homeless and at-risk households that face significant ongoing challenges remaining housed.

Linking services to permanently affordable housing ensures that individuals and families needing those services remain housed. The level of service provided, however, can vary significantly, from child care and resident activities programming, to ongoing on-site case management and assisted living.

Permanent supported housing in the Berkeley continuum of care serves those individuals and households that have the most difficulty staying housed. Those benefiting most from permanent supported housing will likely include individuals:

- with mobility, cognitive, and visual disabilities;
- with mental disabilities;
- with chronic illnesses, including those with HIV/AIDS;
- with chronic alcohol and/or drug problems;
- with multiple diagnoses; and
- who are frail and elderly.

People with psychiatric or mental disabilities are frequently among the most visible homeless population, and the most vulnerable to becoming chronically homeless. Without a home, people with mental disabilities are more likely to be re-hospitalized and/or incarcerated and living in situations against their will, potentially with hazardous results. This results in the homeless person cycling between the streets to hospitals or jails to board and care homes, then back to the streets. The absence of permanent supported housing options in Berkeley and Alameda County further causes people with mental disabilities to get tracked into institutional settings, resulting in inappropriate use of primary and acute medical and psychiatric facilities for emergencies, and in more frequent and longer stays in long-term care facilities.

Other segments of the homeless population have special needs that can be addressed by supportive housing approaches. Homeless youth, victims of domestic violence, and mothers with young children can also benefit from being housed with regular access to case management, money management, legal counseling, and other support services.

Permanent supported housing can be organized in many ways. Some models are "project-based" or "site-based" in which services are provided at a specific housing complex or linked to that site via transportation services. Berkeley has two site-based examples of permanent supported housing: Erna P. Harris Court (35 units), and U.A. Homes (74 units).

A mixed population approach (including both disabled and non-disabled people at the same development) offers opportunities to serve some populations but can run into funding obstacles due to the often single-purpose or narrow requirements funders expect of service programs. Encouraging a variety of models in the community can help ensure that supported housing is sited in a variety of neighborhoods and that a mix of services appropriate to the needs of those housed in

permanent supported situations is available.¹ Moreover, such mixed approaches to supportive housing developments can help avoid high concentrations of disabled people and can greatly facilitate independent living for people with disabilities.

Other models may be based with a single comprehensive provider, or a collaborative of service providers which link services to permanent housing sites throughout the community.

The Shelter Plus Care Program is a scattered-site model of permanent supportive housing. Shelter Plus Care is a rental assistance/social service access program funded by HUD and is operated by a network of the City of Berkeley's Health and Human Services Department, the Berkeley Housing Authority and community-based organizations. People eligible for the program must meet three criteria: disabled head of household (including HIV-disability); the person or household must be homeless; and they must have a household income at or below 50 percent of area median income.

In Shelter Plus Care, the traditional tenant-landlord relationship exists, including a lease and a housing-assistance payment contract similar to that used by the BHA in its Section 8 program. The tenant locates private market housing available for rent, while the landlord collects the tenant's portion of rent and the subsidy provided by BHA, and continues managing the property and monitoring tenant compliance with lease terms. Berkeley's Shelter Plus Care grant from HUD is due to expire in 2000. This is of particular concern due to the large number of people served under these grants and the long-term needs of their clientele. As of November 1997, the program now houses 134 individuals and families.

Another example of supported housing now under way in Berkeley is the Berkeley Integrated Services Team (BIST). Funded by the Corporation for Supportive Housing, BIST is made up of staff from BOSS, Bonita House, Berkeley Mental Health Division, and LifeLong Medical Care (LLMC) who provide "suitcase clinic"-style mobile social services and health care service at Erna Harris Court (owned by Resources for Community Development) and UA Homes (owned by U.A. Housing, Inc.). These clinics arrange drop-in hours for residents at least one day a week. Support services (but not health care) is also available on-site at MLK House (owned by RCD). Services provided include support counseling, crisis intervention, life skills, housing and income retention and support, along with community building through regular community meetings, trainings, and workshops. They also arrange access to

¹The Berkeley Commission on Disability passed the following mission statement on March 11, 1998: "The primary goal of the Berkeley Commission on Disability's housing policy is to encourage and support housing that is as integrated as possible for persons with disabilities within the community. To this end the Commission, through its Housing Subcommittee, will work with and seek the cooperation of developers, landlords, community agencies, City Staff and other Commissions. Our purpose is to address the severe shortage of affordable, accessible housing in Berkeley, as well as to work for improvement of standards, regulations and laws that affect integrated housing at the City, State, and Federal levels."

other community resources, including food banks, nutrition programs, and social and recreational activities.²

There are three primary challenges to expanding the supply of permanent supported housing:

- the lack of long-term stable funding for services supporting the housing;
- the need for stronger links between affordable housing developers and property managers, and service program providers; and
- insufficient existing housing funding for new and rehabilitated housing affordable to households at the poorest income levels (for example, at or below 35 percent of area median income - in the Berkeley area, about \$14,700 in 1997, a little more than the current federal poverty income level of \$12,600).

Permanent Supported Housing Recommendations

Goals

Maintain and expand the existing supply of permanent supported housing units in Berkeley.

Actions

1. **Expand the supply of permanent supported housing in Berkeley.**
2. **The City shall refer to the Housing Advisory Commission a proposal to target three rounds of Housing Trust Fund loan allocations to the development of permanent supported housing units over the next 5 years addressing the needs of homeless people with special needs identified in this Plan.**
3. **The City shall work with the operators of permanent supported housing units in Berkeley to monitor the funding resources of these properties to identify potential resource gaps and provide early planning options for continuation of services funding and housing subsidies.**
4. **Use the Shelter Plus Care program fully and efficiently, and advocate for renewals and/or extensions of HUD subsidies for the program.**
5. **Support collaborative efforts among support services and housing providers to develop long-term sources of funding, such as Medi-Cal and other managed care sources for support services.**

²Irma Poe, Services Coordinator, Resources for Community Development, personal communication, April 20, 1998; and Syreeta Shepherd, Executive Assistant, BOSS, personal communication, April 20, 1998.

6. The City and Berkeley community service providers should participate in establishing mobile multi-service teams in Berkeley and Alameda County to travel among supported housing sites providing a range of support services, such as health, alcohol and/or other drug abuse treatment, mental health treatment, job training, recovery from domestic violence, housing placement, peer support, and child care.
7. New supported housing priorities should include programs targeted to house people who are mentally disabled, have chronic alcohol and other drug problems, or are dually diagnosed, including single women and women with children.
8. Different supported housing models and options should be developed to meet the care needs and preferences of all homeless people needing supported housing, along a continuum ranging from lightly supported to 24-hour care and from group living to supervised board and care housing.
9. Prevent displacement of the severely mentally disabled by ensuring access to appropriate care without having to leave their own community,
10. Prevent displacement of people with HIV/AIDS by ensuring access to appropriate care without having to leave Berkeley or Alameda County.
11. The City and permanent supported housing providers shall make a priority the development of sober housing models for addressing the permanent supported housing needs of homeless and low-income people with alcohol and/or other drug abuse problems.

Permanent Affordable Housing

Without housing that is available, accessible, and affordable to very low income households throughout the City's and the region's population, the cycle of homelessness is likely to continue.

Affordable housing traditionally means that a household pays no more than 30 percent of adjusted gross income on housing costs (e.g., rent, utilities, insurance, etc.). As previous studies have shown, many households, particularly those with the very lowest income levels, pay excessive proportions of their incomes for rent and related housing costs. Some households may be able to secure non-subsidized, market-rate housing by paying burdensome rents; however, this living situation often becomes too financially difficult, creating households at risk of recycling in and out of homelessness again. By stabilizing the housing costs of a household with limited income, their vulnerability to short-term crises or housing market forces is greatly reduced and their ability to provide other basic necessities for themselves (e.g., food, health care, education, etc.) is greatly improved.

Subsidized housing may be provided in one of two ways. One way to lower rents is

by subsidizing the cost of new construction or rehabilitated units, thereby reducing private debt service requirements as a percentage of gross rental income. The City of Berkeley created its Housing Trust Fund in 1990 for the purpose of providing gap financing to affordable housing developers. In return, tenants at these properties pay rents that are usually well below the median rent in Berkeley. Between 1990 and 1995, the City provided nearly \$8 million in loan funds to permanent affordable housing properties in Berkeley.³

The second way is to provide very low income tenants in private market rental housing with a direct rent subsidy each month for the duration of their need. The federal Section 8 certificate and voucher programs operated by the Berkeley Housing Authority pay these rental supplements directly to the tenant's landlord. But the effect is similar - Section 8 provides long-term permanently affordable housing to those who get into the program. The Section 8 program provides approximately 1,400 permanently affordable units to low-income tenant households in Berkeley. In addition, the City's HIV/AIDS Housing Assistance Program (HHAP, see also Eviction Prevention) operates in a similar fashion, but on a much smaller scale than Section 8.

Subsidizing construction costs provides permanently affordable housing stock; rental assistance subsidies provide the tenant with what is essentially an income supplement to assure that the tenant's housing costs are affordable, based on their income.

Permanent Affordable Housing Development

In meetings with homeless people about the draft Plan, they expressed frustration with special needs housing programs. "What about people without special needs who lack income and affordable housing?" they asked.

Developing permanent affordable housing is a long-term and difficult strategy. The difficulties can be numerous and construction schedules can be lengthy because of:

- the lack of suitable land and properties;
- potential conflict with neighborhoods over land use and traffic issues (see Section H, Community Support, below); and
- the relative scarcity of loan financing available for affordable housing.

The City of Berkeley has over 320 permanently affordable housing units contained in

³For more information on the Housing Trust Fund loan portfolio, see Memorandum from Gil Kelley, Director of Planning and Development, and Tim Stroshane, to the Housing Advisory Commission and the Planning Commission, "Report of Monitoring Activities on City-Sponsored Development and Rehabilitation Loans During Fiscal Year 1995-96," July 10, 1996.

17 properties in its Housing Trust Fund loan portfolio.⁴ Because Berkeley has almost no significant amount of vacant developable land, all of these properties are infill developments. Currently, over 90 percent of these units are rental units, the rest are condominiums. However, many of what are currently rental units will be organized into limited equity cooperative ownership for low-income people, which eventually will further reduce the supply of affordable rental units in Berkeley.

The City of Berkeley also owns and manages (through the Berkeley Housing Authority) 75 units of low-income public housing. The Berkeley Redevelopment Agency subsidized the rehabilitation and construction of about 283 units of permanent affordable housing in West Berkeley (some of which are ownership units). In addition, there are 619 units of senior housing owned and operated by non-profit organizations in Berkeley (many of which are owned by Satellite Senior Homes).

Vacancy rates for all these properties are very low year-in and year-out because of the strong demand for affordable units and the limited supply. Many properties maintain waiting lists as long as six months to two years. Because of the low vacancy rate, the flows of clients between service providers seeking permanent affordable housing for their homeless clients, and operators of non-profit housing are not strong.⁵

Most of the permanently affordable housing units created through the City's loan programs are owned and operated by non-profit housing developers.⁶ Most of these non-profits interact regularly with homeless service providers, and receive referrals of homeless people seeking housing.

Expanding the supply of permanent affordable housing through subsidized construction depends crucially on the availability of financing (both of equity and debt). In recent years, federal and state programs like the Low Income Housing Tax Credit (LIHTC) and the Rental Housing Construction Program (RHCP) have either

⁴The City's Community Development Block Grant Program also provides funds for affordable housing developments and the operation of the City's housing programs. In the current fiscal year 1997-98, the City will spend \$2.55 million on these programs and projects.

⁵This contrasts with collaborations that have occurred in the area of permanent supported housing, where BOSS, RCD, AHA and the Berkeley Emergency Food and Housing Project have collaborated on AIDS housing and transitional housing programs recently.

⁶These agencies include South Berkeley Neighborhood Development Corporation, South Berkeley Community Housing Development Corporation, U.A. Housing, Inc., Resources for Community Development (RCD), Affordable Housing Associates, Inc. (AHA), and the Northern California Land Trust (NCLT). Only RCD, AHA, and NCLT are active developers of affordable rental housing in Berkeley.

become harder to obtain (LIHTC) or have run out of funds (RHCP).⁷ Most of Berkeley's loan funds derive from direct General Funds committed by the City Council to the Housing Trust Fund, and the federal HOME Partnership for Investment Program (for which Berkeley is an entitlement jurisdiction). In other words, Berkeley tax payers have been an important source of funding for permanent affordable housing development in Berkeley.

Housing Development Recommendations

Goal

Expand the supply of housing affordable to Berkeley's lowest income residents.

Actions

1. **Advocate with Alameda County and the Alameda County Board of Supervisors to place a measure on the ballot that would increase the County's real property transfer tax and apply the revenue to a County-wide Homeless Housing Trust Fund.**
2. **Berkeley shall work together with jurisdictions in Alameda County to advocate:**
 - **against cuts to federal and state programs addressing homelessness and affordable housing;**
 - **against demolition without one-for-one replacement of public housing units;**
 - **for increased funding of public housing unit production, Section 8 subsidized housing, and conversion of military base properties for affordable housing purposes;**
 - **for homeless and very low income preferences;**
 - **for expansion of the Low Income Housing Tax Credit and shift of the state's emphasis from rural to urban and suburban housing development;**
 - **for passage of a statewide Housing Bond Initiative;**
 - **for increased funding for the state's housing programs; and**
 - **for increased supply of housing targeted only to very low income people.**
3. **The City shall collaborate with local jurisdictions to coordinate the timing of funding cycles to facilitate the local funding of affordable housing projects and maximize leveraging of funds from a variety of sources.**

⁷Two LIHTC developments in Berkeley are Lorin Station (3253 Adeline Street) and William Byron Rumford Plaza (the 3000 block of Sacramento Street). 14 of the City's scattered-site public housing units were constructed using RHCP funds from the state.

4. The City shall collaborate with Alameda County to explore creation of a county-wide fund and/or funds in jurisdictions not currently operating housing trust funds.
5. Funding priorities for Berkeley's Housing Trust Fund should include the development of additional homeless transitional housing, homeless permanent supported housing, and affordable housing targeting homeless and the City's poorest at-risk households.
6. The City shall support establishment of a capacity building network among all nonprofit affordable housing developers in Alameda County to strengthen their programmatic, administrative, and financial ability to maintain and improve existing projects, and build new ones.
7. Housing developers should be encouraged to rehabilitate vacant residential buildings and be rewarded with higher priority for uncommitted Housing Trust Fund loan funds.
8. The City of Berkeley shall continue its efforts to return vacant and blighted residential properties to the market and shall encourage their owners to consider renting to homeless people transitioning to self-sufficiency.
9. Maintain provision of shared housing referral services, and encourage development of programs that connect housed seniors with homeless seniors and those at risk of homelessness with shared housing arrangements.

Stabilizing People in Private Affordable Housing

Affordable housing is in short supply in Berkeley, and throughout Alameda County.⁸ The need for long-term, subsidized rents becomes even more critical in light of recent cuts in existing income support programs and the looming crisis posed by the passage of the 1996 welfare reform law by Congress. Denial of benefits to those who were previously eligible for income support could mean a larger segment of Berkeley's poorest residents will become homeless for the first time.

The most familiar rental assistance program in Berkeley, the federal Section 8 program, is operated by the Berkeley Housing Authority (BHA). Eligibility for the program requires a household have an income less than 50 percent of the Berkeley-Oakland area median income, currently \$30,050 annually for a family of four. Section 8 certificate tenants pay 30 percent of their income in rent, and BHA pays the

⁸Alameda County Homeless Continuum of Care Working Group, *Alameda County-wide Homeless Continuum of Care Plan*, p. 84, and Chapter 3. See also Memorandum of Weldon Rucker, Acting City Manager to Berkeley City Council, "Housing Goals of the City of Berkeley," January 25, 1994; City of Berkeley Community Development Department, *Consolidated Plan for Housing and Community Development*, 1995; and City of Berkeley Interdepartmental Team, *Homelessness in Berkeley*, prepared for the Independent Task Force on Homelessness, May 1997.

difference to the landlord. With Section 8 vouchers, tenants assume more responsibility for rent. The voucher provides a set amount which BHA will pay, and the tenant then pays the difference to the landlord.

Currently, some 1,400 certificates and vouchers assist Berkeley residents in paying their rents each month. Most subsidies range from \$200 to \$400 per month from BHA. Certificates and vouchers are provided to the tenant and are not tied to specific housing units. BHA has a waiting list of about 1,500 households, 300 of whom claim Berkeley residency. BHA currently has a local preference for existing low-income residents of Berkeley.

Compounding the long-term affordability shortage of rental housing in Berkeley, the State Legislature in 1996 pre-empted vacancy controls by rent stabilization cities.⁹ In 1990, there were an estimated 10,279 rental units in Berkeley with legal rent ceilings under \$400 per month. By 1996, the final year of vacancy control, there were just 1,300 rental units with legal rents below \$400.¹⁰

Rental guarantee programs can assist homeless people possessing poor rental or credit histories but with sufficient income to rent housing without need of a subsidy. Such programs provide a written guarantee to a prospective landlord that an applicant's rent will be guaranteed for an agreed-upon period of time in order to address households' problems with poor rental or credit histories, or with felony convictions which make it difficult for them to obtain a lease. This type of program provides landlords with greater certainty that they will be paid rents on time and can be linked to stabilizing rent levels, as well as to health and safety monitoring of participating units. Such programs also assist tenants with maintaining tenancy in the private market without continuous rent subsidies.

Housing Stability Programs Recommendations

Goal

Maintain and improve access to existing affordable housing available to very low income Berkeley residents.

Actions

⁹Now property owners may request, on vacancy of their units, up to a 15 percent increase in rents above other annual or special petition adjustments they are already allowed to seek. The state will allow 15 percent rent increases for rental units each year through 1999, followed in subsequent years by full vacancy decontrol. Under vacancy decontrol, property owners may charge rents for vacant units at rates the market will bear.

¹⁰City of Berkeley Rent Stabilization Board database of registered units for 1996; and Stephen E. Barton, City of Berkeley Community Development Department, *Rent Control in the City of Berkeley, 1978 to 1994: A Background Report for Updating the City of Berkeley's General Plan Housing Element*, December 20, 1994, Table IV-11, p. 50.

1. Improve access to the existing supply of housing affordable to the lowest income residents and homeless people through improved linkages between service providers and landlords interested in both preventing homelessness and helping homeless people obtain housing.
2. The City shall support rental guarantee programs through which service provider agencies can assist homeless people with sufficient income, but possessing poor credit ratings or rental histories, or with felony convictions that make it difficult for them to obtain a lease.
3. The Berkeley Housing Authority shall maintain, use, and where possible, increase the existing supply of Section 8 units and public housing units for homeless and very low income people and people vulnerable to losing benefits resulting from welfare reform. BHA shall also work with City staff to devise ways to increase the number of Section 8 tenants actually residing in Berkeley as feasible.
4. City staff shall determine the impacts of income support program reductions on affordable housing (particularly SRO buildings) rent levels, vacancy rates and long-term feasibility and take action to minimize negative impacts.
5. The City shall collaborate with Alameda County and local service providers to develop a rental guarantee program to assist very low income people with poor credit and/or rental histories in obtaining housing and maintaining their tenancies over time.
6. The City shall refer to the Human Welfare and Community Action, and Housing Advisory commissions a proposal to declare that a high priority for General Fund/CSBG/CDBG funding will be proposals that create a rental guarantee referral program.
7. Within 12 months of Plan adoption, the City shall inventory project-based Section 8 assisted housing developments in Berkeley, including those housing seniors, to gauge the risk of any of their property owners opting out of their HUD-subsidy contracts.

D. Employment, Training, and Income

Reducing homelessness, and the threat of homelessness, requires that society help people who can work to get jobs with wages that pay enough to cover real living costs. Having a job, however, is not always sufficient to escape from poverty or near-poverty conditions. Of the 68,000-plus Berkeley residents who worked in 1989, only 46 percent (about 31,000) worked full-time, full-year positions. The part-time, part-year positions that dominate today's economy are typically not adequate for someone to be self-supporting. Employment projections and occupational trends indicate that the proportion of part-time and part-year workers is increasing.¹

The incomes of poor households have not kept pace with the cost of living for the past two decades.² As a result, poor people have greater difficulties remaining housed. In November 1996, California voters enacted a minimum wage that is set at \$5.00 an hour beginning March 1, 1997, and is required to rise to \$5.15 an hour in September 1997, and again to \$5.75 in March 1998. Even at \$5.75 per hour, a wage earner can afford (if spending 30 percent of their income on rent) an apartment rent of \$299 per month; by comparison, the median rent for a one-bedroom apartment in South Berkeley in 1994 was \$460 per month.³

A survey of Berkeley homeless service providers found that joblessness was the most significant factor causing homelessness. The same survey of service providers also found that a lack of job opportunities was the most frequent factor they see keeping homeless people homeless in Berkeley.⁴

One persistent myth about homeless people is that they do not want to work. Surveys and studies strongly suggest that a substantial number of poor and homeless people do want to work. Homeless people seek employment training and placement services the most after housing and rental assistance, according to a San Mateo

¹City of Berkeley Planning Department, *Conditions, Trends & Issues: A Background Report for Updating the City's General Plan*, September 1993, p. 218. The figures on part-time employment in Berkeley include college student households, but the trend toward part-time or part-of-the year work has grown since the early 1980s.

²See *Homelessness in Berkeley, op. cit.*, pp. 2-9, for an analysis of trends in incomes, employment, and housing affordability in Berkeley over the last two decades.

³Program Planning, Management, and Budget Division, Community Development Department, City of Berkeley, *Rent Comparability of Section 8 Units in Berkeley*, prepared for the Berkeley Housing Authority by Tim Stroshane, May 1, 1995, Table 3, p. 7.

⁴Memorandum of Eric Landes-Brenman and Tim Stroshane to the Independent Task Force on Homelessness, *Results of Homeless Service Providers' Survey, November 1996, March 5, 1997*, p. 4-5.

County study.⁵ Among homeless survey respondents in Berkeley, about 10 percent report they earned income from a job, though they were without housing.⁶ Over 30 percent of Berkeley survey respondents state that being employed would help get them out of homelessness. One quarter of Berkeley homeless survey respondents indicate that they were homeless because their income was inadequate to pay rent.⁷

Due to their circumstances and training, the job placement of many homeless people must be coordinated with basic services providing appropriate clothing, literacy skills, child care, ongoing job mentorship, counseling and substance abuse treatment. Homeless families not only need job assistance, but housing. It is difficult to imagine someone successfully completing job training while living out of a car or on the street.

This section of the *Berkeley Homeless Continuum of Care Plan* addresses:

- Income Supports
- A Living Wage
- Work Force Development
- Hiring Incentives and Job Creation

Income Supports

Income adequacy for all homeless people is a primary goal of Berkeley's Homeless Continuum of Care Plan. For most people income must come from employment, and most of the income-related recommendations in this Plan promote employment opportunities. But a large portion of the homeless population must rely on income supports at some time to meet their basic needs. For some who are homeless due to job loss, family break-up, or other setback, income supports are a temporary measure to sustain them through the tough times and to help get them employed. For others with disabilities who cannot work, or whose employment income may never be adequate to meet family needs, income supports are a permanent part of life.

Between 1970 and 1994 the typical state's Aid to Families with Dependent Children (AFDC) benefits for a family of three fell 47 percent, after adjusting for inflation.⁸

⁵Bay Area Social Services Consortium, San Mateo County Human Service Agency, and Hunger and Homeless Action Coalition of San Mateo County, *San Mateo County Homeless Needs Assessment*, December 1995.

⁶Memorandum of Eric Landes-Brenman and Tim Stroshane to the Independent Task Force on Homelessness, *Results of Homeless Service Users' Survey*, February 5, 1997.

⁷*Ibid.*

⁸National Coalition for the Homeless, *Fact Sheet #1: Why Are People Homeless?* (Internet website: <http://nch.ari.net/causes.html>) December 1996, p. 2. The Interagency Council on Homelessness reports that between 1970 and 1992, the median inflation-adjusted state AFDC benefit in July for a family of four with no income dropped from \$799 to \$435 in 1992 dollars. *Priority: Home!*, p. 27.

The National Coalition for the Homeless reports that the combined value of AFDC and Food Stamps is below the poverty level in every state; in 39 states, it is below 75 percent of the poverty level.⁹ The average monthly AFDC benefit for families in California in fiscal year 1993-94 was \$531, down from \$612 a month four years earlier.¹⁰

In 1996, Alameda County reduced General Assistance (GA) benefits from \$341 to \$221 per month in response to state budget cuts. This is less than half of basic SSI benefits for disabled people, and is less in income than is required to pay rent on most studios and 1-bedroom units in Berkeley. GA is available just three months of each year to those recipients identified by Alameda County as "employable."

Welfare reform, enacted by the federal government in 1996, is stimulating local government's efforts to improve poor people's access to jobs with livable incomes. Key public benefits serving needy people in Alameda County are CalWorks (formerly AFDC) and General Assistance (GA). CalWorks is for families only and is available for no more than two consecutive years with a lifetime limit of five years. While the full impact of changes in welfare are not yet certain, many recipients, including large numbers of immigrants, will have their benefits either reduced, time limited, or eliminated.

Welfare reform assumes that recipients will be self-sufficient within five years, at which time they will have used up their lifetime eligibility for welfare benefits. In addition, States are required to have 25 percent of their caseload engaged in work at least 20 hours per week by this year (1997) and 50 percent of their caseload by 2002 working at least 30 hours per week, or they will have their block grants reduced by 5 percent initially and 2 percent each subsequent year (for a total of 21 percent by 2002). As a result of these incentives there is immediate pressure for welfare recipients to enroll in job training and placement or educational programs that will get them employed as soon as possible.

Simultaneously, GA benefits are reduced to three months of the year for those not in approved job training, placement, or work activities. Low-income people unable to work due to disability may receive Supplemental Security Income (SSI), although changes made to SSI by Congress (effective January 1, 1997) further limit those eligible for SSI (including the elimination of the substance abuse disability category and legal immigrants who arrive in the future).

These major reductions in the availability and size of public benefits threaten to increase homelessness in Berkeley and Alameda County unless people can be trained for and employed in good jobs. At the same time, significant numbers of those who cannot work or find a job will need to continue to receive or obtain income supports

⁹National Coalition for the Homeless, *ibid*.

¹⁰California Department of Finance, *California Statistical Abstract*, 1995, Table E-14, p. 72.

at a level high enough to survive.

Income Supports Recommendations

Goal

Maintain a minimum level of income supports for those who need it.

Actions

1. The City shall give funding priority to benefits advocacy agencies to strengthen their efforts to increase homeless people's access to public benefits (see also Section E, under Legal Services and Benefits Advocacy).
2. The City shall give priority to programs that increase the ability of homeless and very low-income people to manage their income from public benefits effectively on their own behalf through education in money management (see Life Skills Training section in Support Services, Section D, below) and the availability of payee services.
3. With Alameda County advocate that to maintain income supports at a livable level for all homeless people and people at risk of homelessness who need them.
4. Stabilize income supports for homelee people and for low-income people at risk of homelessness, and encourage them to obtain training in areas of skills deficiency before being required to work or cut off from assistance.
5. Advocate for lengthened training time for those on GA and CalWorks so that they can realistically achieve work readiness and employment goals.
6. Service providers should arrange periodic informational meetings for their clients about welfare reform and other related changes to benefits programs so that everyone understands what is occurring.

A Living Wage

Construction projects funded with federal dollars must pay prevailing wages to all construction workers. Prevailing wages may pay between \$15 and \$25 an hour depending on the trade skills and experience of the workers. No such requirement exists for construction projects financed solely with City of Berkeley funds.

An obvious difficulty with the federal policy on prevailing wages is that project costs increase markedly, pinching project budgets that meet other equally worthwhile public goals (such as seismic safety, rehabilitation of existing or construction of new affordable housing, and creation of new public facilities). Clearly, more services or facilities can provided if project labor costs are lower than those required under

prevailing wage requirements.

But minimum wage standards of \$5.75 per hour in effect in California this fall are not acceptable as an incomes policy for Berkeley's homeless plan. Minimum wage pays barely half the income needed to afford a market rate one-bedroom unit here.

Income adequacy can be addressed by establishing a living wage standard for all contractors with the City of Berkeley. A living wage addresses the reality of high living costs facing low-income people by creating a standard for wages that provides adequate income after major household expenses (including housing) are met. One possible way to do this is to base a minimum wage on the HUD fair market rent standards applied to Section 8 units in Berkeley and Alameda County. The living wage would be determined by assuming that renters should pay no more than 30 percent of their income for housing. To afford a one-bedroom unit renting for \$623 per month (the one-bedroom fair market rent) with this affordability standard, a wage earner would have to be paid \$11.98 an hour working full-time; for a two-bedroom unit fair market rent of \$781 per month, the wage earner would need \$15.02 per hour working full-time.

By adopting a living wage standard, Berkeley would not be alone. Living wage ordinances have already been passed in Baltimore, Los Angeles, and most recently, in Boston. The ordinances in these cities use a threshold value for the contract above which the living wage standard applies. However, the City Attorney expresses concern that such an ordinance may be pre-empted by federal law. Thus, this proposal would require legal review prior to its presentation to the City Council.

Living Wage Recommendations

Goal

The City of Berkeley shall use its best efforts to increase wages of the lowest-paid segments of the work force of City contractors as a strategy for preventing homelessness.

Actions

1. The City shall study and prepare a living wage standard, and adopt a living wage ordinance for all entities obtaining contracts with the City of Berkeley, and shall monitor all such contracts to assure ongoing compliance.
2. The City shall advocate for the adoption by federal, state, and local governments of welfare-to-work policies that require public, private, and non-profit employers to pay those at the lowest pay scales a living wage.

Work Force Development

Entering the work force is the primary way in which homeless people, and those at risk, gain income and reduce their risk of repeated homelessness. However, many

homeless people lack the skills, experience, or work habits they need to acquire and keep jobs. Getting these skills while coping with the added daily obstacles of homelessness is extremely difficult. In addition, many homeless people face other obstacles to working, including addiction and recovery issues; low levels of literacy; mental or physical disabilities; lack of transportation; unfamiliarity with work place rules of conduct; and abusive family situations. For job training and placement providers these obstacles can be compounded by the fact that the job-readiness of homeless people are fluid, challenging providers to assess their needs well.

Berkeley's Homeless Continuum of Care already provides some opportunities for homeless people to address their basic needs, learn needed skills, and gain the experience they need to enter the work force and hold a job.¹¹ With the onset of welfare reform, however, these opportunities must be increased. Much the way formerly homeless people are stabilized in transitional housing between shelter and permanent housing, unemployed -- but employable -- people could be stabilized in a system of transitional employment. This could be a way of delivering support and training services to employable very low-income adults to help them secure and retain a permanent job and facilitate their re-integration into the work force.

New jobs for homeless people can also be created through the development of small businesses. This approach will be only as strong as the quality of the transitional approach created in the Berkeley Homeless Continuum of Care. Some enterprises may be associated with existing service or housing agencies, acting as a for-profit wing of the agency which benefits both agency and homeless or formerly homeless employees and operators. Others may be developed independently by groups of homeless entrepreneurs with assistance from agencies or start-up funding. Some organizations have already established fledgling operations which are providing services in the community. These efforts require consistent nurturing in the start-up phase and may require ongoing support from outside, but the benefits of employment, training, and self-sufficiency are often worth the continued assistance.

Temporary work agencies and informal day-labor arrangements are another job resource available to homeless people who may be job-ready. At meetings with homeless people about this Plan, many remarked that they either use or would use temp or day labor approaches to earning income. Some jobs through these arrangements provide a living wage for the working homeless to save for the costs of getting into rental housing.

In addition, welfare reform requires people receiving Temporary Assistance to Needy Families (TANF) to enroll in CalWORKS, California's welfare-to-work program. A number of Berkeley job training and placement agencies participate in Alameda County's efforts to implement CalWORKS by assisting TANF recipients transitioning

¹¹Many community-based organizations provide employment, job-training, and placement services in Berkeley, including Jobs for Homeless Consortium, Inter-City Services, BOSS, Adelante, Inc., and Asians for Job Opportunities in the Bay Area, Inc. Berkeley Adult School also offers classes that provide essential training in a wide variety of skill areas, as well as completion of GED requirements.

from welfare to ongoing employment.

Some agencies are evolving a model of "supported employment" to help strengthen the prospects of people retaining jobs in which they have been placed. In this model, service clients placed in jobs receive support services, as does the employer, for as long as necessary in order to provide on-site job training, job coaching, and counseling. In this way people who may not be used to work ethics can be helped to acquire one in order to sustain themselves in independent employment.

Work Force Development Recommendations

Goal

Strengthen and expand efforts to prepare low-income and homeless Berkeley residents to enter the work force and retain long-term employment.

Actions

1. The City shall continue and intensify its efforts through the JobStart collaborative of community-based employment and training providers, the Berkeley Adult School and Vista Community College to prepare unemployed, homeless, and very low-income Berkeley residents to obtain and retain employment over the long-term.
2. The City shall work with the Berkeley Community Fund to develop sectoral training strategies in Berkeley. Sectoral training strategies target clusters of businesses within an industry that show job creation promise, and determines training needs appropriate for the industry. Once training needs are determined, the City should then draw connections between those needs and existing training programs offered by JobStart organizations.
3. From the sectoral intervention strategies developed in Action 2, above, the City shall support and encourage through all available means the provision of appropriate job training collaboratives and partnerships that increase the quality and diversity of skills of low-income and homeless Berkeley residents.
4. The City and community-based organizations shall improve coordination among Berkeley-based employment, training, and benefits advocacy services so that information and referrals to training and employment opportunities are made available to Berkeley residents.
5. The City shall advocate with private employers, and the state and federal governments to ensure that self-sufficiency centers established under the Alameda County welfare reform effort, PIC one-stop employment centers and other County training/placement programs provide information and referrals, job listings and resumé services to meet homeless people's job

placement and training needs.

6. The City shall encourage health care organizations receiving City funds to employ homeless and very-low-income people to conduct outreach and peer counseling on alcohol and drug, mental health, HIV/AIDS and other issues.
7. The City of Berkeley shall collaborate with job placement service agencies to increase access of job-ready homeless people to temporary agency jobs and day-labor pools.
8. The City of Berkeley, BUSD, Berkeley Adult School, and job training and placement providers should devise means of reducing up-front costs of fees at the Adult School for homeless people completing their GEDs.

Goal

Expand provision of support services that homeless people need to succeed in employment, work force preparation, and training activities.

Actions

1. The City shall prioritize its funding resources to improve the provision of support services (including child care, transportation food, mental health and alcohol or other drug abuse treatment and counseling) that very low-income and homeless people need to succeed in work force preparation and training activities.
2. City-sponsored programs shall ensure that homeless families and families at risk of homelessness have affordable quality child care to facilitate their re-entry and participation in work force activities (including training, placement, and ongoing employment).
3. Advocate with the Alameda County Social Services Agency to provide homeless families and families at risk of homelessness with subsidized and affordable quality child care to facilitate their re-entry and participation in work force activities (including training, placement, and ongoing employment).
4. The City should review its operation of the Social Services Transport (SST) to determine whether the SST can support access of working homeless people in shelters to day labor pools and other job venues.

Goal

Expand the supply of jobs available to qualified homeless people through homeless economic development enterprises.

Actions

1. The City of Berkeley shall support self-employment initiatives in which business development services are offered to low-income people. Such services should include skills training, business planning, information resources, and financing to create quality jobs for themselves and others.
2. The City of Berkeley shall support and encourage diverse approaches to business activities that employ homeless and very low-income Berkeley residents (including at-risk youth) such as, but not limited to franchising and for-profit subsidiaries of non-profit organizations.

Hiring Incentives and Job Creation

Even with skills and support, homeless people must compete with others in need for a limited pool of jobs. To increase the supply of jobs accessible to homeless people, hiring homeless and formerly homeless workers must be made attractive to existing employers, and new jobs also must be developed. Welfare reform implementation debate proposes the use of incentives and set-asides in the labor market for very low-income people losing benefits. Homeless people should be included in welfare reform implementation, and given special consideration by these programs. Public and non-profit sector jobs are potential avenues for employing homeless people.

Nonetheless, the private sector remains the single largest pool of jobs in the economy. Information about Berkeley employers having entry-level positions for job-ready workers can continue to be made available through the City's First Source Employment Program's connection to City economic development activity. This employment linkage or brokering program has been found to be "one of the best answers to unemployment among inner-city youth, welfare recipients and other hard to employ people". Such brokering initiatives promote the information-sharing and trust between low-income job seekers who are not typically part of an employers hiring pool, and the employer.¹²

But information about jobs alone will not guarantee people jobs in this competitive job market. Additional job preparation and programs are needed to increase the pool of job-ready people to refer to employers. Very few employers hire for altruistic reasons, since business needs are an employer's first priority. Private sector businesses that employ homeless and other very low income people should be acknowledged and praised for their commitment to addressing and preventing homelessness in Berkeley.

In addition, Section 3 of the Housing and Urban Development Act of 1974 requires that recipients of federal housing dollars provide, to the greatest extent feasible,

¹²Dewer, Scheie (Rainbow Research, Inc.), *Promoting Job Opportunities: Toward a Better Future for Low-Income Children and Families*, pp. 81-82, Annie E. Casey Foundation, 1995.

employment, training, and contracting opportunities to low and very low income people through construction projects funded with these dollars. While Section 3 applies to all kinds of jobs funded with federal housing dollars, construction work is pivotal because it enables people to gain transferable work skills at relatively high wages. As a result, complying with Section 3 presents a unique opportunity for homeless people to begin to escape poverty.

Hiring Incentives and Job Creation Recommendations

Goal

Increase the number of qualified homeless people who are ready to work and could be hired by Berkeley contractors.

Actions

1. Adopt low-income hiring targets and obtain First Source agreements with public-private, and non-profit entities in Berkeley.
2. The City shall collaborate with housing developers, trade unions, and construction companies to develop an implementation process that enables the City of Berkeley to comply with Section 3 requirements to provide economic opportunities to homeless and very low-income Berkeley residents and Berkeley businesses from projects funded with federal housing dollars.
3. The City shall develop and enforce implementation procedures for incorporation into its Housing Trust Fund Guidelines that will comply with Section 3 requirements of the Housing and Urban Development Act to provide economic opportunities to homeless and very low-income Berkeley residents and Berkeley businesses from projects funded with federal housing dollars.

Goal

Establish hiring policies for public works projects to employ qualified people who are homeless or leaving the welfare rolls in partnership with businesses and unions.

Actions

1. The City shall publicize public, private, and non-profit employers hiring and training homeless, welfare-to-work program participants, and very-low-income Berkeley residents, and which pay a living wage for the work performed. Their participation in Continuum of Care efforts shall be integrated into ongoing information, referral, and job placement programs that provide employment and training opportunities.

2. The City shall establish a policy ensuring adequate outreach for employment opportunities to homeless people and people at risk of becoming homeless, particularly due to the new welfare reform measures.
3. The City shall collaborate with trade unions and construction employers to develop a program requiring all Berkeley public works capital construction project contractors to employ unemployed and very low-income Berkeley residents.
4. The City of Berkeley shall require hiring targets or preferences in awarding City funds and contracts to contractors, service providers, and housing operators that employ qualified homeless and very low-income Berkeley residents.
5. The City shall collaborate with trade unions, community college and adult school sites to develop apprenticeship programs that train homeless people for jobs in the public works, housing, and social service programs to be created under this goal.

E. Support Services

Support services run the gamut from meeting such immediate needs as food, clothing and child care, to literacy education, to legal assistance and life skills counseling. People without regular residence still need services such as mail and phone service, showers, and storage for their personal belongings in order to maintain some self-sufficiency, organize their lives, and find housing and employment. As welfare reform implementation limits the ability of all but the most severely disabled to rely on income supports, services become all the more essential to those at risk of homelessness, and those who are homeless facing difficulty satisfying even basic needs.

Currently, a broad range of services is available to homeless people in Berkeley. These services are mostly provided by non-profit charitable agencies, which rely on a complex array of funding sources including City funds, the Berkeley Homeless Fund, federal, state, and foundation grants as well as individual membership charitable contributions.

While a diverse range of services are available in Berkeley, there is a need to improve coordination particularly between homeless service providers and providers of services used by homeless people, but which are available to clients regardless of whether they are homeless or not. Improved approaches to homeless outreach and assessment can help to increase agency responsiveness and flexibility so that programs adapt to changing needs of homeless people and those at risk of homelessness.

Support Services recommendations are grouped under the following topics:

- Outreach and Assessment
- Case Management
- Basic Needs
- Counseling, Money Management, and Life Skills Activities
- Legal Services and Benefits Advocacy
- Transportation
- Food and Nutrition
- Child and Dependent Care
- Homeless Youth Issues
- Standards of Service Provision

Outreach and Assessment

Homeless people on the street need information and assistance to address their immediate needs and solve problems that could get them out of their predicament. *Outreach* is used to stay in contact with people on the street to keep them connected to the social world around them and get them information they need to become engaged in the task of ending their homelessness. *Assessment* is used when talking

with a person to learn about their needs and open up a dialogue with them about what services that individual could use to address problems or issues they may have.

The City of Berkeley is involved in outreach activities directly through its Homeless Outreach Team and the Mobile Crisis Team (MCT, which is discussed in more detail in Section F, Health Care, below). The Homeless Outreach Team operates out of the City's Mental Health Division, and works to contact people on the street to provide them with information about the variety of services available in Berkeley. Homeless Outreach Team staff also interview people to learn their histories and assess which, if any, services may be appropriate to their needs, be it job search assistance, housing and shelter referrals, mental health counseling, or drug rehabilitation.

The Homeless Outreach Team contacts homeless people on the street, conducts initial assessments and provides referrals and placements to services as appropriate. The Homeless Outreach Team's approach is to prevent problems for homeless people by engaging them with psychological interviewing techniques, then linking them with the help they need. The MCT evaluates individuals in crisis situations to determine whether their crisis is handled best through psychiatric hospitalization or some other less intensive means.

The City's Housing Department staff routinely field requests for information about affordable housing opportunities from people who are homeless, as well as those trying to avoid becoming homeless.

These outreach activities aside, all City of Berkeley staff should be briefed and provided with adequate referral resources to help people either inquiring about homeless services or seeking to prevent homelessness.

At least as important as City outreach efforts are those of the community-based organizations throughout Berkeley. Each of these service providers are points of access into their own and each other's existing services. Many provide important outreach and assessment to enable homeless people to end their predicament.

Linkages between the City and service providers is facilitated by the Berkeley Inter-Agency Network (BIAN). Comprised of representatives from Berkeley's Homeless Outreach and Mobile Crisis Teams and from non-profit service providers throughout Berkeley, BIAN meets every other month to discuss issues and develop strategies for improving service delivery.

Homeless women may be homeless because they are escaping abusive domestic partners. At an emergency shelter or food site, however, they may not self-identify their issues as including domestic violence. They may blame themselves for having left home or they may claim an alcohol or drug problem as having caused their homelessness. In any case, recognition of domestic violence as a factor in women's homelessness is partly a matter of training staff in potential symptoms or patterns of people enmeshed in domestic violence. It is also a matter of agencies providing comfortable supportive environments for educating homeless women about domestic

violence and helping them develop strategies for avoiding, escaping, or resolving domestic violence situations in the future -- without necessarily falling back into homelessness.

During the public review phase on this Plan, homeless people and other Berkeley citizens often noted a lack of readily available and updated information about the many community resources available for homeless people in Berkeley. Informed of the City's Pocket Resource Guide, they were pleasantly surprised, and suggested that efforts to spread it throughout the Berkeley community be increased.

Outreach and Assessment Recommendations

Goal

Maintain and improve the City's homeless outreach and assessment efforts.

Actions

1. **Maintain adequate staffing levels for the Homeless Outreach Team in the City of Berkeley Budget throughout the horizon of this Continuum of Care plan.**
2. **Expand Berkeley Inter-Agency Network activities to facilitate inter-agency referrals.**
3. **Increase the production and distribution of the City's Pocket Resource Guide to a wide variety of locales in Berkeley, including drop-in centers for women, youth and seniors. They should also be frequently distributed by the Homeless Outreach Team, and also available in alternative formats.**
4. **Senior Center day programs should be publicized at shelters and transitional housing sites for homeless seniors, as well as through the Berkeley Information Network and the Pocket Resource Guide.**
5. **The City of Berkeley and service providers should increase their outreach and assessment efforts to target homeless youth, seniors, and veterans, and link them with appropriate services and housing through case management.**
6. **Improve training of staff to raise the quality of assessment of homeless people's needs at the earliest point possible when they enter a continuum of care service provider.**
7. **Improve shelter staff training in recognizing and assessing domestic violence as a factor in the homelessness of some women, and mothers with children, and assist victims of domestic violence to develop safety strategies for avoiding and escaping domestic violence situations.**

Basic Needs

The most basic needs humans have are to maintain our physical and mental health. These basic needs are for nutritious food, ample rest, decent shelter, and a sense of belonging among friends, relatives, and social networks. Homelessness can disrupt a household's or individual's ability to meet each of these basic needs.

Ready access to basic needs is something most of us take for granted. These needs are met through our access to services, goods and features of our daily lives that often go unnoticed (such as receiving mail, phone calls, bathing, grooming, and getting information). For homeless people obtaining these services can be a difficult and discouraging experience. Without a home, getting these services can be very time-consuming, even provided that the services are available in close proximity. One study of how homeless people use their time discovered that they spend on average 37.5 hours per week simply getting things they need. When these services are hard to get, keeping the job interview appointment or locating a housing listing, can be that much harder; and homelessness becomes harder to leave.

Basic needs for physically or mentally disabled people may also include the need for a personal care assistant to help with an individual's activities of daily living. One key issue now for disabled people, housed or not, is a shortage of personal care assistants.

Berkeley's existing system of homeless services includes multi-service centers (MSCs). MSCs provide one location where people without housing or support networks can obtain access to services that seek to fulfill many (though not all) of their basic needs. At these sites, the host agency provides office space and organizes a regular schedule of visiting services, counselors, and case managers to meet the basic needs of people at the site. In Berkeley, these MSCs are also the site of emergency services such as food or shelter. MSCs require a great deal of inter-agency coordination and collaboration to function well. Service providers currently operate two multi-service centers in Berkeley:

- BOSS's Multi-Agency Service Center (MASC) adjacent to the Men's Shelter in the basement of the Veterans Memorial Building; and
- Berkeley Emergency Food and Housing Project's multi-service center on Bancroft Way at the site of the Trinity Quarter Meal

Basic Needs Recommendations

Goal

Maintain and improve Berkeley support services that address basic needs.

Actions

1. **Maintain and improve existing multi-service centers in Berkeley.** This

should be done by assembling a package of basic services at the multi-service centers, including:

- showers and restrooms
 - mail and messages
 - phone, individual voice mail, and perhaps other telecommunications
 - haircuts
 - clothing
 - personal items storage
 - personal assistant services for disabled people
 - access to respite services
 - volunteer library
 - support groups
2. **Improve referral and transportation links between existing multi-service centers in Berkeley and other service providers, both in Berkeley and throughout Alameda County.** This will help ensure that people seeking services can find out where they can get them.
 3. **Surplus City-owned equipment (such as roll-in showers) should be donated promptly to appropriate homeless service facilities for use by service users to meet their basic needs.**
 4. **The City of Berkeley and drop-in centers should develop strategies for providing "sick rooms" where homeless people of any age with sub-acute illnesses can rest and get well.**
 5. **The City of Berkeley and drop-in centers should develop strategies for expanding drop-in center hours to weekends and evenings.**
 6. **The City of Berkeley should consider increasing the number of public toilets in strategic locations in commercial districts of Berkeley.**

Case Management

Case management is the activity of interviewing homeless or at-risk clients to determine their service, income, and housing needs. Case managers then work with clients to arrange for those needs to be met. With their clients, they develop a plan of action for enabling clients to stabilize their lives and increase their self-sufficiency and independence. They can assist clients in making applications and ascertaining eligibility for specific services and housing, or identifying the appropriate means for linking the client with services and housing. Case managers track the progress of their clients through the service and housing system, making substantial efforts to ensure that clients do not fall through cracks in the complicated system of services. In short, case managers need to be a combination of social worker, information clearinghouse, advocate, activities planner, and active listener.

Berkeley homeless service agencies employ case managers to carry out these tasks on behalf of homeless or at-risk clients. Most case managers have large case loads, often as high as 50 to 75 cases per manager. Such a high ratio of cases to managers means that individuals may not get the services they need as quickly as they may need them. One consequence is that their homelessness may be lengthened for lack of attention in case management.

A homeless continuum of care system in Berkeley and Alameda County will rely heavily on case managers in actually designing and implementing the system improvements called for in this Plan. Yet with large case loads it will be necessary to make creative improvements in how case managers provide the best and most timely advice to their clients. These improvements should include (but not limited to) technological upgrades that help agencies be more responsive to client needs, as well as facilitate tracking their clients in the continuum.

Case Management Recommendations

Goal

Maintain and improve case management services to enhance inter-agency coordination and improve agency responsiveness.

Actions

1. **Maintain and improve existing case management coordination to facilitate client access to:**
 - information and referrals to health care, housing, alcohol and other drug treatment services, and other service needs and necessary follow-up support services
 - crisis counseling
 - recovery and mental illness counseling services
 - life skills education.
2. **The City shall make a priority to fund community agencies to monitor people discharged from institutions (such as jails, mental institutions, hospitals, juvenile detention, and foster care) and refer them to appropriate housing, services, and sources of income.**
3. **The City shall support case management capacity to meet the needs of homeless people as a vital link in improving Continuum of Care coordination, including efforts to upgrade communication technology on an interagency basis between case managers (see also Section G, Plan Administration, Management Information Systems, below).**
4. **The City and community agencies shall strive to improve case management services through careful training and establishment of clear expectations for service coordination and delivery.**

5. **The City of Berkeley shall collaborate with service providers to increase case management services using financial and other means available to link clients with needed services more quickly.**

Counseling, Money Management, and Life Skills Activities

Most people learn the life skills needed to succeed in mainstream economic life in childhood from parents, other family members, and school. For those from dysfunctional family backgrounds, or those without families, these skills may never have been learned. People who become chronically homeless may have forgotten some or all of these skills during their time living on the street. For others recovering from mental illness or alcohol and other drug addiction, skills often need to be re-learned.

Life skills include basic literacy, pre-job training skills (such as getting along with other people in an organizational setting, how to present oneself for an interview and in a job, how to be a neighbor and maintain housing). Without these skills, it is not possible for an individual or family to stay employed or housed. These skills are the foundation on which other aspects of personal independence are built, not an optional supplement to other services or housing. At every point in the Continuum of Care case managers should evaluate clients to determine which life skills may be needed to improve the client's chances of success. Life skills training needs to be integrated at every level of service along the Homeless Continuum of Care, and elevated to the status of a commonplace support service, so as to remove the additional stigma of needing interpersonal support and life skills training.

Counseling is the mentoring and training process in which people learn how to solve their own problems. Together counseling and life skills training can reinforce an individual's own capacity for personal independence and confidence in addressing conflicts and problems that arise in life.

For clients of service providers with mental health or alcohol or other drug addiction issues, managing their money properly can make the difference between having housing this month and being housed this month and being on the street next month. Service providers such as BOSS, the Berkeley Emergency Food and Housing Project, and others, operate money management programs that help maintain people in housing who cannot manage the incomes they do receive.

Money management is closely linked with case management and life skills in these situations. Agencies can only play this role if the client voluntarily agrees to it. The agency receives all the client's funds and maintains a bank account for the person. Clients and case managers together review the client's income and expenses and plan a reasonable budget. Usually housing and savings are the first priorities, and medication costs factored in if the client needs special medication(s). Skills of responsible money management are taught the client along the way.

The combination of money management services and intensive case management can

provide effective help to maintain their clients in healthy and more stable lives.

Resources to teach life skills to adults are limited. Nonetheless, investment in life skills training and counseling can ensure that Continuum of Care investments in employment training, housing assistance, and integrated support service provision pay off. The benefit of this investment will include increased income and self-sufficiency, improved health status, and increased stability of the client's housing and employment situation.

Counseling, Money Management, and Life Skills Activities Recommendations

Goal

Maintain and expand counseling, money management, and life skills activities.

Actions

1. **Maintain existing homeless service programs that provide needed activities such as:**
 - peer counseling, information, and referral
 - 24-hour peer crisis counseling
 - family counseling
 - child-focused counseling including play and art therapy
 - parenting classes
 - personal grooming
 - support groups and 12-step groups
 - money management and budget counseling
 - civic rights and responsibilities education (linked with eviction prevention activities in Section A, above)
 - re-entry services
 - basic education
 - adult literacy
 - culturally appropriate spiritual nurturing
 - respite care
 - self-help organizing and advocacy work
2. **Expand counseling and life skills activities, in multi-service centers, shelters, and transitional housing.**
3. **Expand food and nutrition education in life skills curricula to ensure that people retain the ability to feed themselves and their families nutritiously.**
4. **Expand counseling and life skills activities in conjunction with job training and placement programs.**
5. **Support efforts to build cooperative networks among peers and providers**

now counseling homeless people.

- 6. Organize trained volunteer pools and professionals to provide free counseling for family and marital issues, domestic violence, money management, child development, and other issues.**

Goal

City staff shall identify and work with Berkeley-based life skills service providers, Berkeley Adult School, Vista College, and Berkeley High School to develop curricula and program linkages to improve the cost-effective delivery of counseling and life skills education to homeless adults and children.

Actions

- 1. Ensure that money management skills are taught to all students of high school age in Berkeley.**
- 2. Ensure that life skills, money management, and counseling services are available, affordable, and fully accessible to homeless people seeking them.**
- 3. Ensure that all clients of Berkeley's mental health, alcohol and other drug treatment programs, and supported housing sites are informed of the availability of money management services and money management training classes.**
- 4. Ensure that life skills and counseling programs include curricula for homeless people of all ages on effective money management strategies.**

Legal Services and Benefits Advocacy

Legal problems can often cause or prolong episodes of homelessness. Homeless individuals have particular difficulty navigating the legal system and complicated government bureaucracies. Expert legal services are critical to addressing the issues low-income people face, including tenant-landlord conflicts, domestic violence, consumer credit problems, and a wide range of other problems. Benefits advocates provide services aimed at obtaining monetary and medical benefits to which low-income people are entitled. For individual with severe and permanent physical or mental disabilities, disability benefits like SSI may provide these individuals with a small income (for the individual to avoid homelessness may require more intensive case management). Both types of services are provided on an affordable low- or no-cost basis.

The City has committed to spending \$15,000 on direct benefits advocacy services for the homeless from the General Fund/CSBG Program in FY 1997-98, and another \$20,000 on family violence legal services (a portion of which may assist people who are victims of domestic violence *and* are homeless).

There are virtually no free services addressing child support and custody issues available to low-income Berkeley residents. For child support, if the family receives welfare benefits, the District Attorney's office will represent them, but the family only receives \$50 per month in addition to their welfare benefits. The Alameda County Bar Association Volunteer Legal Services Program, and Legal Aid Society offer minimal free family law services, and the Community Law Center provides family law legal services on a sliding scale. While their services are much less expensive than a private attorney's, many people still cannot afford to pay their fees.

Legal Services/Benefits Advocacy Recommendations

Goal

Maintain and increase accessibility and availability of legal services and benefits advocates to low-income and homeless people, and low-income people with special needs.

Action

1. The City shall make it a priority to fund legal services that provide:
 - tenant-landlord dispute resolution services;
 - SSI advocacy for people with mental disabilities who are unable to apply for benefits on their own;
 - HIV/AIDS related legal issues (such as estate planning, guardianship, disability benefits advocacy, consumer credit advocacy); and
 - basic education for tenants of all ages about fair housing law, and housing rights and obligations.
2. The City shall make it a priority to fund programs that link legal services and benefits advocacy on behalf of people in pre-release preparation from institutions (including hospitals and prisons). Linkages should include such programs as:
 - independent living skills programs (see Life Skills Training, above);
 - mental health/substance abuse treatment; and
 - other activities that assist people in returning to self-sufficiency.
3. The City shall refer to the Commission on the Status of Women, and the Human Welfare and Community Action Commission a proposal to fund free family law legal services through existing sources.
4. Encourage legal services and benefits advocates to expand their services in part through use of trained law students from law schools in the region.
5. Establish a comprehensive family legal and counseling services center for survivors of domestic violence. This one-stop center would help domestic violence survivors address divorce, custody, and child support issues with adult and child mental health and relationship counseling services

combined, and would be coordinated with other Continuum of Care services.

Transportation

Transportation services include bus and BART transit, bicycles, taxi services, paratransit programs, and any vehicular service that enables people to travel whenever they need to. It may also involve personal automobile use as well, for people who own functioning cars.

Everyone, including people without homes, need to get from one place to another. For homeless people transportation is complicated by their lack of vehicles (or lack of a reliable vehicle), lack of funds, and the need to store their personal effects somewhere. Fear of the transit system (due to its apparent complexity), or illiteracy can make the task of crossing town impossible for some individuals. These factors may lead homeless people to spend many hours walking to get around. Of these factors, affordability is likely the most significant among people who are homeless.

Some homeless service providers subsidize individual verifiable transit trips (such as for doctor's or counselor's appointments). There are limits to subsidizing transit access, however. The use of monthly AC Transit passes (for which unlimited rides may be purchased for a fixed monthly charge) by several Berkeley agencies was discontinued when it was learned that clients re-sold the passes for cash.

For this reason, Berkeley implemented its Social Services Transport (SST), a 21-passenger van that provides free transportation to the homeless at Berkeley service sites. To use the SST, all passengers must obtain an agency-issued SST identification card. The van is wheelchair accessible. The SST runs a regularly-scheduled route Monday through Thursday that visits the primary service providers in Berkeley, as well as several major providers in Oakland. It makes early morning pick-ups at each of the Berkeley shelters and stops at welfare, food stamps, Medi-Cal, Veterans Administration and General Assistance sites in Oakland. Pick-ups from these sites are possible after 3 p.m. During the middle of the day (between 9 a.m. and 2:30 p.m.), the SST operates within Berkeley making stops at a variety of support service sites.

The City of Berkeley Paratransit Program provides subsidized transportation services for senior citizens and disabled persons who cannot access or have difficulty accessing public transportation. The City contracts with licensed taxicab companies to provide rides for ambulatory clientele. The City contracts with van companies with specially equipped lift vans for people who use wheelchairs. The Program works closely with the East Bay Paratransit Consortium Program (AC Transit and BART with responsibility for providing ADA-mandated paratransit services), in order to provide a coordinated delivery of transportation services for resident seniors and disabled. The program currently targets eligibility to Berkeley residents. This requirement currently poses a barrier to paratransit service for homeless people who are transit-disabled.

Seniors over 70 years of age are unconditionally accepted into the Program. Disabled people under 70 must be certified by a physician as mobility impaired. All participants must show proof of Berkeley residency. There are about 1,000 senior clients and about 200 disabled clients.

Transportation Recommendations

Goal

Maintain and improve the provision of free or reduced-price transportation to low-income and homeless people to help them meet service, vocational, basic needs, and housing goals.

Actions

1. The City shall maintain the Social Services Transport (SST) service to homeless service users in Berkeley.
2. The City shall evaluate the Social Services Transport (SST) service to homeless service users in Berkeley with a goal of producing recommendations on how to improve service within 12 months of Council adoption of this Plan, including the feasibility of adding Friday and weekend service, and service to day labor and temporary work sites.
3. The City shall support existing agency programs that provide transit passes to homeless service clients to meet verifiable case management and service plan objectives.
4. City staff and homeless service providers shall work with AC Transit and BART to provide education and informational materials to homeless people and service providers about eligibility for and use of discount passes, bus tickets, and paratransit services to ensure they are used by those in need.
5. City staff and homeless service providers shall collaborate with other service providers and agencies in Alameda County to establish, fund, and develop a county-wide program to provide free or subsidized transit service for homeless people. Strategies should include: Recruit transit agencies for free or reduced cost transportation, including the potential use of Berkeley Cares vouchers, and consider the bulk discount purchase of passes and tokens.
6. Unless otherwise prohibited, the City of Berkeley shall include paratransit and transit services among the eligible uses of McKinney Act block grant funds as a means of increasing the supply of transportation services to homeless people.
7. Service providers and Berkeley City staff shall create linkages between transit subsidy programs and existing paratransit programs to ensure that

disabled and elderly homeless people, and their housing service sites are served effectively.

8. Berkeley City staff, service providers and the Berkeley Unified School District shall ensure that school buses serve homeless housing and service sites in Berkeley.
9. The City shall refer to the Commissions on Aging and Disability a proposal to develop policies and procedures for making the City's paratransit program accessible to homeless people who are transit-disabled.

Food and Nutrition

Good nutrition is essential for physical and mental well-being. People who eat well have a greater capacity to learn, to work, to meet their social, emotional and physical needs, and to avoid illness. Diet is especially important for pregnant women and young children, providing vital nutrition for growth and development. Food is a basic need which must be met before people are able to lead healthy and productive lives. Food must also be available and affordable for that basic need to be met, something that is difficult for someone without housing. Therefore, it is a fundamental part of Berkeley's Homeless Continuum of Care plan.

Hundreds of individuals in Berkeley daily rely on soup kitchens, food pantries, and shelters for a significant amount of their food supply. Those who panhandle use at least a portion of their income on occasion to purchase meals at a variety of Berkeley's many downtown restaurants. The availability of private food assistance programs in Berkeley is more comprehensive than in other communities. Hot meals are available three times daily every day in Berkeley, except for the third Sunday in the month.¹

Rent and utility bills compete with food and other basic needs in the budgets of poor households. Households interviewed at free food sites in Alameda County were found to have incomes an average of 27 percent below the federal poverty line. Of those with housing, rent and utilities consumed 59 percent of monthly income. This left an average of \$300 for food, clothing, transportation and other expenses.²

The lack of supermarkets or other retail outlets with reasonably priced food exacerbates the problem. South Berkeley lost its only chain supermarket when in 1996 Safeway left its site at Oregon and Adeline Streets. West Berkeley has no supermarket.

¹Marianne Graham, Senior Management Analyst, City of Berkeley Housing Department, personal communication, September 8, 1997.

²Alameda County Community Food Bank, *Voices of Hunger: A Study of Emergency Food Recipients in Alameda County*, June 1995, p. 2.

Prices at smaller neighborhood or convenience food markets can cost as much as 76 percent more than a chain supermarket or discount store. As a result, many people travel out of their neighborhoods to shop, spending precious dollars on transportation. The Self-Help and Resource Exchange (SHARE) cooperative food-buying program operates through community-based organizations, and provides one opportunity to stretch food dollars.

Federal nutrition programs exist to help prevent hunger in poor households. The most important program is Food Stamps, which supplements up to half a household's monthly food needs. As part of federal welfare reform legislation, food stamp funding will be cut by 21 percent over the next five years. New rules limit assistance to three months for people not working at least 20 hours per week and adult legal immigrants are now completely excluded from the program.

Because homeless individuals often do not have access to cooking facilities, they may not be able to make full use of their Food Stamp benefits. Federal legislation allows homeless individuals to use food stamps in restaurants but California has not implemented this program despite its existence in 20 other states.

The other key programs in the federal food safety net are:

- the School Lunch, School Breakfast, and Summer Food Programs which provide free or reduced-price meals programs to school-age children;
- the Senior Nutrition Program providing free congregate or home-delivered meals to seniors; and
- the Supplemental Food Program for Women, Infants, and Children (WIC) which provides vouchers and nutrition education to pregnant or lactating women and children under five.

Given that the federal food programs have the greatest scope and resource base, it is critical that their use on behalf of homeless and very low-income people is maximized. However, even if fully utilized, the federal food programs do not completely fill the gaps in household food needs. For this reason, the network of free food programs providing grocery bags or hot meals has become an important resource as well. Staffed primarily by volunteers and dependent on donations, most programs are operating near capacity. It is expected that with cuts in welfare more people will turn to these sites, increasing the pressure on them to provide services.

Most homeless individuals rely on free hot meals sites and shelters for the majority of their food. Therefore the quality of these meals has a major impact on their health.

For people getting out of homelessness and in need of life skills training, learning to cook and to buy food effectively is an essential life skill. Eating nutritiously will enhance their use of all federal food assistance available, and will ensure that their access to low-cost, nutritious food makes the most of their food money. To help achieve this, healthy foods should be available in all neighborhoods at reasonable prices, and people should be taught how to eat well. Learning to manage one's food

dollars increases a person's independence through the immediate pleasure of a delicious meal and the knowledge that they will be healthier for it. Shelters and other residential programs should offer nutrition education and promote good nutrition through the examples of the meals they serve.

In summary, access to nutritious food is important at all points during the Continuum of Care. Reasonably-priced retail food stores and full use of public and private food assistance programs can help individuals preserve precious rent dollars, thereby preventing homelessness. While they are homeless, people need an adequate network of free meal sites to preserve their mental and physical capacity. Finally, affordable quality food and accessible public and private food assistance programs which reduce food costs contribute to the long-term stability of low-income households escaping homelessness.

The options below will help meet needs of all individuals with food access difficulties, including homeless people in Berkeley.

Food and Nutrition Recommendations

Goal

Maintain and improve availability of and access to free meal services and food in Berkeley.

Actions

1. **Expand coverage of free dining room, food voucher, and grocery programs to ensure that free food is available at accessible sites in Berkeley to cover gaps in the free food distribution system.**
2. **City staff shall create a schedule, with regular updates to service providers, indicating the time, days, location and cost (if any) of all private and public meal programs throughout Berkeley. This schedule shall be available at the City Clerk's office, the Housing Department, and the Health and Human Services Department, as well as homeless service agency sites.**
3. **Ensure the continuing availability of home-delivered meals to senior and disabled individuals.**

Goal

Expand access to and utilization of federally-funded nutrition programs and SHARE.

Actions

1. **Train appropriate City of Berkeley staff and CBO's regarding eligibility and application requirements for each program.**

2. **Develop printed information with basic eligibility and application requirements which is updated regularly and written in appropriate languages. Distribute outreach materials to shelters, community agencies, and food distribution sites.**

Goal

Increase the capacity of individuals transitioning out of homelessness and at risk of homelessness to shop for and prepare their own meals.

Actions

1. **Promote the inclusion of effective training in nutrition, shopping, and food preparation as part of the activities of shelters, transitional housing, and other residential programs.**
2. **Investigate the availability of kitchen facilities at SRO and other residential sites where homeless people live. Increase availability where possible.**
3. **Conduct an analysis of retail food outlets to evaluate access of all neighborhoods to reasonably-priced, nutritious, and culturally-appropriate foods. Develop recommendations to enhance neighborhood food security based on this analysis.**

Child and Dependent Care

Many adults need assistance caring for others who depend upon them, especially children or disabled people, or frail elderly people. *Dependent care* refers to care provided in place of a partner or adult parent for a disabled or ill partner or adult child who otherwise depends on the partner or adult parent.

Homeless children need access to quality child care to help stem the stress of an unstable living situation as parents try simultaneously to keep the family together and look for employment and housing.

Lack of affordable child care financially burdens a middle class family, but it may force a homeless parent to choose between leaving a child unattended in public and accepting a job or training opportunity that could provide an exit from homelessness. A child's education is critical, but providing adequate support for homeless children is doubly challenging, who often have no place to do homework, and arrive at school (if at all) tired after a night at a shelter.

The issues covered by this topic -- child care, parent assistance, education, foster care, and youth -- are not unique to homeless people, or even most poor people. They concern broader constituencies and mainstream systems of care. One example is the

county-wide Child Care Coordinating Council. The Council works to expand low income child care assistance as a key strategy for an effective community response to federal welfare reform. Berkeley's Child and Dependent Care recommendations do not seek to recreate these systems, but to make sure they effectively serve the needs of homeless people.

The subsidized child care system involves myriad funding sources woven into a complex web of subsidies and vouchers that enable child care providers to serve low income families at reduced cost to the families. Homeless families receive some preferences on county-wide waiting lists for assistance, but behind several other needy populations (including families in the welfare system). Welfare reform includes funding for child care for parents in job training who are leaving welfare rolls, which should be available to homeless families in this situation. But no funds are earmarked for homeless parents needing time for other needs, like mental health or substance abuse recovery treatment, and parents taking children around as they deal with obtaining services, housing and employment.

The City of Berkeley directly funds through its CDBG/CSBG programs a number of after-school care programs. These include Berkeley Youth Alternatives and Break the Cycle. Break the Cycle in South Berkeley uses college students to tutor primary, intermediate and high school students in basic skills to master test-taking techniques. Berkeley Youth Alternatives offers several programs to Berkeley youths, including an after-school computer lab during the school year, counseling and referral services to status offenders and families in crisis, as well as crisis intervention. The youths served by these programs are predominantly from low-income Berkeley families.

Child and Dependent Care Recommendations

Goal

Expand homeless families' access to affordable quality child care, including child care linked with vocational services and parents meeting other essential service and housing needs, including the needs of disabled children.

Actions

1. **Integrate children of homeless families into activities available to other non-homeless children.**
2. **Provide more free or subsidized quality child care in coordination with meeting the housing, vocational, and service plan objectives of homeless families. Child care should be available to all homeless families who need it, especially those actively enrolled and participating in case management.**
3. **The City of Berkeley should continue to collaborate with County-wide activities organized currently as the Alameda County Child Care Coordinating Council to develop effective responses, coordinated with**

appropriate community agencies, to federal welfare reform.

4. Negotiate homeless child "set-asides", subject to existing state requirements on care-giver ratios, with major child care providers, Head Start, and government-funded pre-schools. These slots should be linked with case management programs.
5. Collaborate with the State of California's effort to ensure that all families cut off of welfare receive transitional child care when needed.
6. Advocate at the state level for increased child care subsidies as part of the special needs of homeless children.
7. Collaborate with the County's effort to develop and provide materials for training and technical assistance to child care and other service providers serving homeless children to enhance their understanding of the special needs of homeless children.
8. The City shall make funding a priority for a program providing child care subsidies for homeless families when they are looking for work or are attending job training and placement services.

Goal

Strengthen and expand public school programs serving homeless students.

Actions

1. Support existing County and school district programs working to meet the needs of homeless children.
2. Strengthen and expand public school programs serving homeless students, particularly removing barriers to their educational success, and ensuring that Berkeley schools provide a nurturing environment for them.
3. Collaborate with the county-wide effort to develop and implement a training program for educators and school district personnel, homeless people and service providers. The program will address:
 - The experience of homeless children;
 - Services available in the community to help homeless children;
 - Strategies to support academic progress and alleviate peer stigma;
 - Legal rights of homeless children to remain in school after moving out of the district and for prompt transfer of all records after switching schools.
4. Maintain and support improvements to existing programs that target after-

school services to homeless children, and organize volunteer tutor programs through libraries, colleges, and universities. Coordinate mentoring projects with homeless shelters.

5. Promote free transit passes for all older students at homeless service and housing sites and ensure that school buses serve younger children at these sites.

Homeless Youth Issues

For a few decades now young people have been attracted to the Telegraph Avenue area of Berkeley (and to other locations, particularly night clubs). They are drawn by many things about Berkeley, but as a commercial district, the Telegraph Avenue area is largely defined by its orientation to popular youth culture.

Homeless youths (generally those between ages 13 to 25) need what all homeless people need to some degree or other. But services to meet those needs must be carefully tailored to build trust with these youths so they can build the social support networks they need to become adults with a stake in our common future.

Some homeless youth arrive in Berkeley to be part of this milieu for a time. Yet as important is why they left home in the first place, and what they hope to do as they inevitably become adults. For some, they are escaping abusive homes or parents. Other young people may have left intolerable foster homes, or "aged out" of the foster care system; as legal adults, they may lack sufficient education and work experience to get employment and obtain housing.

Homeless young people below age 18 face particularly difficult circumstances when homeless. As minors, they cannot be legally housed permanently unless they are legally emancipated (able to command a legitimate source of income for independent living, and to the satisfaction of a juvenile court of law). If they're housed as unemancipated minors, adult providers violate state law by harboring minors.

On the street homeless youths are vulnerable to physical, property, and sexual crimes by adults, and therefore also at risk of sexually transmitted diseases, including HIV.

Homeless people aged 18 to 25 have somewhat differently focused issues. These may include job training, alcohol and/or drug rehabilitation, emergency shelter, a range of support services, and affordable housing. But they may also be similarly vulnerable to older adult criminal behavior against them, and consequently have similar health and safety issues as younger youths.

Berkeley agencies are responding to homeless youth issues in recent years. For example, Berkeley Ecumenical Chaplaincy to the Homeless (BECH) provides limited youth drop-in services at the facilities of the First Congregational Church. BECH also operates a youth transitional house for emancipated youths, containing 12 beds. BOSS operates UNYTE (United Youth Training for Empowerment) which trains

youths aged 14 through 17 to be community organizers, peer counselors, and outreach workers to other homeless youth. BOSS also expects to open another 12-bed, 2-year transitional house for youths aged 13 to 17 which will be linked with a youth shelter to be run by Alameda-based Xanthos and a youth center potentially operated by BECH that will offer job training, educational opportunities, and vocational preparation for homeless youth.

During the public review phase of this Plan, members of the Youth Club at 924 Gilman Street joined with the Berkeley Youth Commission to sponsor an informational meeting on homeless youth issues in late March 1998. This meeting, along with a separate survey process initiated by a UC Berkeley graduate student, found a range of needs of homeless youth, including:

- short-term needs for safe sleeping places, basic needs, personal storage and basic employment support; and
- long-term needs for transitional housing, job placement, education, life skills training, drug rehabilitation, case management, legal assistance, and health care, as well as reduced polarization between youth on the street and the Berkeley Police Department.

Youth Issues Recommendations

Goal

Maintain and improve existing programs targeting homeless youths in Berkeley and plan for addressing other unmet needs of homeless youths.

Actions

1. **Maintain and strengthen existing transitional housing, drop-in and youth training programs.**
2. **The City of Berkeley, merchants, and shelter providers, with input from homeless youth, shall develop a plan for providing separate youth shelter and other service facility space.**
3. **The City of Berkeley shall collaborate with service providers to find funding for a range of targeted youth services, including job training, life skills, money management, case management, legal assistance, and a frequently accessible and available open youth primary care health clinic. In addition, these services shall also address the physical safety and emotional needs of homeless girls.**
4. **The City shall work with youth service providers to improve and increase peer outreach, information and referral activities targeting homeless youth.**

Standards of Service Provision

As discussed above in this plan's Guiding Principles, minimum standards for service provision shall be adopted by the community and implemented by service providers in the course of their daily operations. The minimum standards will promote an ethical, professional, and quality-oriented approach to providing services to homeless people throughout the Berkeley and Alameda County Homeless Continuum of Care systems. Minimum standards can help enhance each homeless individual or family's opportunities for meeting ongoing basic needs while laying groundwork for their return to self-sufficiency.

Standards of Service Provision Recommendations

Goal

Minimum service standards shall promote an ethical, professional and quality-oriented approach to service provision for homeless people.

Actions

1. **City of Berkeley staff and representative service providers shall collaborate and participate in the Alameda County-wide effort to develop minimum standards for homeless service and housing/shelter provision. These standards of service shall ensure the security, health, and well-being of Berkeley homeless service users, especially youth and seniors.**
2. **Minimum standards for sensitive treatment of homeless people should be adopted and applied by all staff in homeless service and housing agencies in Berkeley, as well as City staff in all departments.**
3. **Community agency case management personnel should meet minimum standards of cultural sensitivity in assessing homeless individuals' and households' social service and housing needs.**
4. **Provide training and technical assistance materials to homeless service agency front-line staff to enhance their sensitivity to clients in crisis. The training should cover issues of mutual respect, culture, diversity, aging, gender, sexual orientation, sexual harassment, and disabilities.**
5. **Collaborate with Alameda County-wide service providers to establish recommended food quality and sanitation guidelines for all providers, reflecting U.S. dietary guidelines, the Food Pyramid, and established sanitary standards. Vegetarian and culturally-appropriate diet options should also be available. Provide training and technical assistance materials to implement these guidelines.**
6. **Ensure that all homeless people seeking help from the City of Berkeley and**

Berkeley homeless service providers have equal access to services, as called for in Guiding Principle #7 (see Chapter II, above), including equal access regardless of whether an individual or household has income or not.

7. The City and Berkeley service providers will participate in the Alameda County-wide process developing standards for grievance procedures aiming to provide grievants with prompt and fair redress of their issues and complaints, including the use of dispute resolution services. When completed, information about County-wide agency grievance procedures shall be prominently available to any service, shelter, or housing client at all times.
8. Agencies, to the extent feasible, should consider using councils of service clients or shelter residents to mediate grievances. If used, agencies and clients should consider council decisions binding, to the extent allowed by law.
9. As part of minimum standards of service and improved staff training, Berkeley homeless service providers are strongly encouraged to use and adapt Americans with Disabilities Act (ADA) policy materials developed by the City of Berkeley Department to their own operations.
10. Service and housing providers should hire staff who can be trained to stimulate client trust and engagement in the effort to achieve self-sufficiency and suitable housing.
11. Standards of services developed through the county-wide process shall include consideration of providing bedding equipment appropriate for disabled people of all ages, wheelchair accessible toilets, and other appropriate disability accommodations.

F. Health Care

Access to affordable quality health care is a significant issue for most poor people. Human health maintenance depends on individuals and families having adequate nutrition, sanitation, and shelter. One study estimates that homeless people have health problems at 2 to 6 times the rate of people in stable housing.¹ Health problems of the homeless are aggravated by street life, where they experience extremes of temperature, rain and frost in California that housed people here do not. Clothes, particularly shoes, may be ill-fitting or sparse. Access to showers and clean clothes for homeless people is usually limited, and sleeping arrangements are often haphazard, unusual, and potentially dangerous.

A wide range of maladies afflict homeless people, including:

- upper respiratory tract infections;
- tuberculosis (the prevalence of which is greatly increased among homeless people);
- hypothermia;
- infestations;
- foot problems, because homeless people spend many hours walking, standing in lines, and carrying their life possessions;
- alcohol and/or other drug abuse and mental health problems;
- trauma, sexually transmitted diseases (including HIV), or injuries often caused by violence or sexual assault; and
- other chronic diseases such as hypertension and diabetes.

From birth to death, people ideally see doctors who give them care or refer them to someone who can provide needed care. Unless society makes a special collective effort, however, low-income and homeless people often have no easy access to affordable primary health care. Their access to routine primary health care is restricted by a number of potential barriers, or ends altogether when they no longer have a steady income and health insurance.

There may be lengthy, months-long waiting lists for appointments, or long distance to reach a medical facility that will provide services to the uninsured. Complicated registration processes and even minimal patient fees discourage homeless people obtaining health care. Many homeless people have also had dissatisfying experiences with the health care system in the past and are skeptical about these institutions addressing their health care needs. As a result, they may seek medical attention only when their illness is far advanced.

Since homelessness exploded in the mid-1980s throughout American society, our health care system has undergone dramatic change. At that time, health care was

¹Marcia Plant Jackson and David Z. McSwane, "Homelessness as a Determinant of Health," *Public Health Nursing*, Vol. 9, No. 3, September 1992, p. 186.

provided on a fee-for-service basis, with doctors having primary control over the course of individual treatment. Most Americans with health care benefits received those benefits through their employer. Unemployed and elderly Americans, and those receiving welfare benefits, had access to health care benefits through federal Medicaid (Medi-Cal in California) and Medicare programs. However, by the early 1990s, some 37 to 40 million Americans had no health care insurance.

The costs of fee-for-service medicine, however, were rising beyond control, and by the early 1990s employers switched in large numbers to health care insurers offering an approach called managed care. Managed care has restructured the delivery of health care for everyone, including homeless people. In Alameda County, Medi-Cal services are now administered through two providers, the Alameda Alliance for Health (AAH, handling about 81,000 people at present) and Blue Cross California Care (BCCC, handling about 22,000 people at present). Capitation of payments from managed care insurers to doctors and hospitals for services has greatly restructured the incentives which govern how health care decisions are made, and introduces an additional layer of complication into whether a homeless person bothers to obtain needed treatment or forego it.²

Gaps in medical coverage for the poor are substantial at present. Medi-Cal covers welfare recipients, those disabled receiving SSI, and the elderly, blind or disabled. There is virtually no coverage for preventive or acute care available for low-income ambulatory low-income adults in the United States. The City of Berkeley estimates there are nearly 3,900 uninsured children and young adults between the ages of 0 and 19 years in Berkeley alone.³

New gaps in health care coverage emerge as passage of federal welfare reform legislation in 1996 removes legal immigrants and those pared from welfare rolls to enter workfare arrangements from eligibility for Medi-Cal in California.

Significant portions of the homeless population are believed to have some kind of substantive health care need. The City of Berkeley estimates that nearly three-quarters of all homeless people in Berkeley suffer from mental illness, alcohol and/or other drug abuse, or a dual diagnosis (of both mental illness and drug abuse). Ten percent are believed to be HIV-positive or living with AIDS, and about one-fifth of

²Capitation is defined as "a system of paying for health services in which fees are paid in advance (by individuals and/or insurers or other 'third parties') to providers of services. The fee payment is based on a budgeted or fixed sum per person, in contrast to 'fee-for-service,' a system under which providers are reimbursed after the fact for a particular service rendered. The 'capitation payment' may be for a comprehensive set of health services (for example, primary health care, all primary and acute care, etc.) or a narrow set of services (for example, behavioral mental health)." Thatcher Bailey, ed., *Conference Report: Second National HIV/AIDS Housing Conference 1997*, prepared by AIDS Housing of Washington, Glossary, p. 142.

³Carol Brown, Child Health and Disability Deputy Director, City of Berkeley Health and Human Services Department, personal communication, May 7, 1997.

Berkeley's homeless population have other physical problems.⁴

People who are homeless or at risk of homelessness generally receive health care treatment through the public system of care. Within Alameda County, these services are largely provided by the County Health Care for the Homeless Program⁵, the Alameda County Health Care Service Agency⁶, LifeLong Medical Care⁷ and the City of Berkeley Health and Human Services Department.⁸ Homeless people and those at risk of homelessness currently receive care from more than one, and in some cases, all of these departments.

Homeless people with disabilities face great obstacles to having their housing and service needs met. Some may misunderstand their disabilities and symptoms. Housing providers may not recognize their capacity to live in non-institutionalized housing, or may not realize the potential for improved health, mental health or recovery which may be possible from stabilized housing. Support services to make independent living possible are often limited, due to lack of funding, convenient location, or even community attitudes.

One reason these problems persist is the lack of integration of consumers and residents in the planning and delivery of health care and housing-based services. Inter-system communication between health care providers and housing and service providers tends to focus on identifying a primary diagnosis solely to establish fiscal responsibility for a client's medical or treatment bills. Obtaining health care services from a complicated service system is difficult. As a result homeless people tend to

⁴*Homelessness in Berkeley*, Table 9, p. 23. The estimates in Table 9 do not add to 100 percent because homeless individuals may have more than one ailment. "Physical problems" refers to both illnesses and disabilities not otherwise specified.

⁵Health Care for the Homeless provides mobile health services and referrals at parks and homeless service sites throughout Alameda County (including Berkeley) and pays health providers to treat homeless people they refer.

⁶The Alameda County Health Care Services Agency operates Highland Hospital and John George Pavilion in Oakland, emergency care facilities that are close to Berkeley and readily accept low-income people. Highland Hospital offers a full range of hospital services and a trauma center. John George Pavilion is a psychiatric facility.

⁷LLMC operates Berkeley Primary Care Access Clinic (BPCAC, at the Herrick Campus between Haste Street and Dwight Way at Milvia Street), Over 60 Health Clinic (on Alcatraz Avenue), and West Berkeley Family Practice (on Sixth Street). LLMC estimates that it served around 900 homeless people in the last year. Letter of Marty Lynch and Kathleen Ward of LLMC to Tim Stroshane, City of Berkeley Housing Department, March 15, 1998.

⁸The City of Berkeley operates a public health clinic at 6th Street and University Avenue whose clientele is largely low-income. The clinic provides a variety of services including HIV testing, tuberculosis screening, prenatal check-ups, and pregnancy testing. The City also allocates CDBG, CSBG, and Measure O funds to a number of non-profit health care providers who care for homeless and low-income people in Berkeley.

go to an emergency room when their needs become most acute, which is also when they often require the most expensive treatment. Improving the delivery of health services to homeless people, will both reduce the numbers of people who continue to cycle through periods of homelessness and reduce the high cost of acute medical, in-patient alcohol and/or other drug abuse, and psychiatric treatment.

The Plan's health care policy topics include:

- Organizing for Primary Care
- Public Health
- Mental Health
- Alcohol and/or Other Drug Abuse
- Multiple Diagnoses

Organizing for Primary Care

Homeless people have difficulty obtaining health care in part because of how hard it is for the health care system to treat their symptoms and problems related to co-existing disabilities, or to address the particular health and social needs of homeless people. Departmental policies and the requirements of funding streams targeted to specific types of medical treatments rely upon primary diagnoses rather than a "whole person" diagnostic perspective. As a result, providers in these departments may lack knowledge and skills needed to address problems outside the scope of the funded diagnosis, forcing homeless people with few resources to go from program to program in search of needed services. Since many cannot do so, they wait until their need becomes acute and use the most costly transportation -- the ambulance -- to reach the most costly location for health care -- the emergency room.

To address this problem, in August 1996 LLMC, at its Berkeley Primary Care Access Clinic (BPCAC) site, began providing a model of the "whole person" health care approach, through an interagency services team to arrange comprehensive care for dual-diagnosed homeless people. The team includes a Berkeley Mental Health psychiatrist, a Multi-Agency Service Center social worker, and a physician and acupuncturist from BPCAC. The social worker provides outreach and case management services, the physician provides acute and chronic care through physical examinations, the psychiatrist provides assessment and medicine management, and the acupuncturist provides treatment to reduce alcohol and drug cravings and reduce withdrawal symptoms. The team holds a weekly case conference to discuss and coordinate treatment approaches.

LLMC also provides on-site primary health care as a component of the Berkeley Integrated Services Team, which provides services to people at Erna Harris Court and UA Homes in Berkeley (see also Section C, Housing, Permanent Supportive Housing, above).

Many homeless people with disabilities receive their primary care and services through the high-cost acute medical or psychiatric treatment sites. Addressing

problems and overall health care issues holistically can decrease the use of acute services as primary care sites, and thus reduce costs to the health care system. The challenge remaining is how to ensure that primary care is still provided to those people in need of primary care services, but who may not get regular primary care. Because integration of professional disciplines in the provision of a more holistic health care delivery approach affects the labor force and changes the conditions of work, organized labor's input is essential in the planning stages. And because the Berkeley community has a direct stake in extending primary care to even its poorest members, agencies that advocate for homeless people should also be included.

Building on existing models now in use in Berkeley and Alameda County, including Health Care for the Homeless, the City of Berkeley and Berkeley homeless service and health care providers should engage other municipalities in northern Alameda County in organizing and implementing a mobile, multidisciplinary service team that includes primary health care for homeless people and people at risk of homelessness.

The *Alameda County-wide Homeless Continuum of Care Plan* has proposed three such teams for underserved parts of the county. The County-wide Plan recommends that each team include a mental health clinician, alcohol or other drug specialist, an health coordinator, nurse practitioner, and peer outreach worker (someone who is now or was recently homeless). Berkeley would add a public health nurse to the make-up of the team. The teams are meant to provide "whole person" care, integrated with non-profit health, mental health, and alcohol and/or other drug abuse treatment providers. Linked with the multidisciplinary teams, these providers should be able to provide a broader range of services to clients than the teams alone can provide. The County-wide Plan envisions the teams being mobile, moving from site to site on a rotating basis, although specific teams may be based at particular sites. Berkeley's Plan seeks to build on existing models of integrative approaches to primary health care accessible to all homeless people.

Primary Care Recommendations

Goal

Expand the delivery of primary health care to low-income and homeless Berkeley residents.

Actions

1. **Maintain and support existing crisis management, outreach and intervention programs, including the County's Health Care for the Homeless Program.**
2. **Primary care providers shall establish a referral process and protocols in collaboration with Alameda County's process for connecting the frequent acute service users in the North County area to the North County multidisciplinary team.**
3. **Assign a primary health care provider to all homeless people using homeless**

services in Berkeley and receiving case management.

4. City staff and Berkeley homeless health care providers shall collaborate with Alameda County's efforts, and those of other north County jurisdictions, to develop a new mobile multidisciplinary health team in the North County area.
5. The City of Berkeley and community-based health care providers shall develop strategies for expanding existing urgent care services to include weekend hours.
6. At all stages of health services planning for multidisciplinary teams service delivery, include labor union representatives and community-based health agencies in Continuum of Care decision making processes.
7. The City of Berkeley shall continue to work with the Alameda County-wide multi-disciplinary health care team process for recommendations related to multidisciplinary planning and the development of inter-departmental protocols.
8. The City of Berkeley and local homeless health care providers shall identify individuals who frequently use acute and emergency services in each disability category and invite at least ten consumers to participate in health care planning who represent this population with special needs.
9. Multi-disciplinary teams including Berkeley service provider staff will have identified and established initial service or referral linkages with local providers in the following areas:
 - Disability symptom management education and support
 - Harm reduction education and support
 - Pre-natal and OB-GYN services
 - AOD treatment and intervention
 - Community integration and education
 - Peer support and community building
 - Vocational services
 - Psychiatric treatment services and/or mental health counseling
 - Dental care
 - Podiatry care
 - Physical therapy
 - Alternative medicine.

Public Health

The Berkeley Community Health Promotion Division's (part of the City's Health and Human Services Department) mission is to promote a healthy community by providing public health services, including risk assessment, physical assessment,

treatment, health education and counseling, community analysis, aid for those not presenting themselves for care, referral to and coordination with other agencies in order to maximize health and social services to support health. Among their services, the City's public health nursing staff provide for the city's poorest residents and homeless people many public health care services.

In tandem with the Homeless Outreach Team and the Mobile Crisis Team, the City's public health nurses often go beyond primary health care to make direct contact with homeless people at shelters or other service sites, or in the field, to assist them in getting care, and receiving referrals to other services that can help stabilize and improve their health.

Public health nursing services for homeless people include:

- assessment and coordination (case management) of health care;
- referrals to primary health care providers;
- referrals to other homeless service providers as appropriate;
- transportation vouchers, on occasion, to health care appointments;
- health education and counseling;
- immunization and contact follow-up for communicable diseases such as chicken pox, tuberculosis, hepatitis, and sexually transmitted diseases, with treatment methods that can include Directly Observed Therapy when necessary;
- translation and problem-solving with patients on matters relating to health care and well-being;
- HIV/AIDS surveillance in Berkeley's population, including among homeless people; and
- patient/client advocacy.

Homeless people and the specter of disability are often ensnared in a vicious circle. An acute mental health episode or medical crisis may lead to homelessness. Homelessness may heighten, or bring on mental illness, increase the likelihood a homeless person will get addicted to drugs and/or alcohol, and of exposure to greater risks of HIV infection and other public health risks. Alcohol and/or other drug abuse may lead to a loss of housing due to failure to pay rent (as the household's income goes to support the adult's addiction). But homelessness caused by the loss of a job or an income source may also lead to alcohol and/or other drug abuse, as homeless people attempt to medicate the psychological pain and humiliation of losing economic self-sufficiency, social contacts, and housing.

Of course, identifying and preventing eviction of households in economic or social crisis can stop this vicious circle from starting (and goals and actions to address eviction prevention are addressed in Section A, above). But if a bout of homelessness occurs, early intervention with support services and integrated health care could help slow or prevent the onset of alcohol and/or other drug abuse, mental illness, or other serious health problems that arise for people who otherwise could become chronically homeless. Catching someone early in their experience of homelessness can also help

reduce costs to the health care system, and to the homeless service system as well. Early intervention may work to prevent homelessness among those with disabilities or in alcohol and/or other drug abuse treatment programs, or prevent the development or worsening of mental disabilities or medical issues among homeless people.

The prevalence of tuberculosis (TB) in Berkeley has increased in the last several years, including among homeless people. It is far more difficult to intervene with and treat an individual diagnosed with TB if that person is housed rather than on the street or camping out somewhere. The City of Berkeley currently operates an HIV/AIDS Housing Assistance Program (HHAP) that provides ongoing housing assistance to homeless people with HIV/AIDS in Berkeley. A similar program for homeless and low-income people diagnosed with TB should be considered in this Plan.

The federal government funds Health Care for the Homeless in Alameda County (HCH). HCH provides a wide variety of basic and primary health care services by using mobile facilities and staff to contact homeless people on the street and at service provider or shelter sites, with regular support services which include case management, outreach, medical follow-up and referral -- with direct linkages to Berkeley public health nurses and BMH -- respite care, financial benefits counseling, move-in assistance, housing and employment assistance, food and nutrition counseling, health education (including HIV/AIDS), and transportation. HCH also provides tuberculosis screening, treatment, outreach, and prevention services.

HCH also provides funds for 10 percent of one Berkeley public health nurse's time, to provide follow-up on health care referrals by HCH to the City of Berkeley. HCH subcontracts with ten community-based health centers in Alameda County, including the City of Berkeley public health nurses, Lifelong Medical Care, and the West Oakland Health Center.

The City of Berkeley is one of only three cities in California that receives direct state funding for public health services, and one of only two cities that receives state funding for mental health services. Berkeley is the only city in California that receives state funding for both public health and mental health services.

Berkeley stands alone among California cities in this regard because Berkeley residents support these physical and mental health services with local tax dollars that the City leverages for much higher levels of fiscal support from the state and federal government. Of the total fiscal support for public health services, the City's 40 percent financial match in public health services leverages 60 percent in state and federal monies while, on the mental health side, a 30 percent financial contribution leverages 70 percent in state and federal monies. The norm in California is that health and mental health functions are administered at the County level, but Berkeley is not the norm, generating an enormous value added to its local services, and providing an excellent bargain to Berkeley residents.

Public Health Recommendations

Goal

Increase access by homeless people to Berkeley's existing public health facilities.

Actions

1. Ensure that homeless people are not denied, or otherwise obstructed from seeking health care services for reasons relating to homeless status or co-existing disabilities.
2. The City of Berkeley shall evaluate Berkeley's public health and community-based health care programs and make recommendations on how to improve access to the system by homeless people, and in the following areas:
 - ensuring each homeless person receives a primary health care provider and that their patient information is centralized with that provider
 - expanding clinical coverage
 - eliminating system-wide and agency-specific policies and procedures that deter or raise barriers to service to homeless people
 - redirecting resources from programs serving few homeless people to those serving many homeless people
 - including consumer participation in evaluation of health care services that are City-operated or contracted for by the City of Berkeley.
3. Expand the provision of health care services where homeless and formerly homeless people are in supported housing and receive other services.
4. Support programs providing an array of services to homeless people in housing that are known to be cost-effective and successful at ending the cycle of homelessness.
5. Advocate for public policy and funding changes that integrate, streamline, and increase access for homeless people to adequate resources for public health services.

Goal

Prevent people receiving treatment and those at risk of homelessness and with disabilities from losing their housing.

Actions

1. Advocate with legislators, Medi-Cal, and managed care policy makers to

include home health attendant care as an option and alternatives to more expensive care.

2. Collaborate with the Alameda County Health Care Services Agency to provide health care training and short-term financial help to current and new board and care providers providing short-term care for those who need episodic home health support.
3. Collaborate with the Alameda County Health Care Services Agency to provide staff to monitor youths with disabilities who "age out" of children's health care system to ensure that they obtain appropriate referrals to housing, services, and appropriate care from the adult system.
4. Develop greater coordination between health care agencies (including community-based health care organizations) serving those at risk of homelessness to cover In-Home Support Services and attendant care, as well as other intensive health care programs and models.

Goal

Maintain and expand early intervention services to prevent the worsening of disabilities for homeless people.

Actions

1. Collaborate with the Alameda County Health Care Services Agency to provide prevention and early intervention efforts to prevent, and prevent worsening of, individuals' disabilities so as to reduce potential loss of housing and high treatment costs. City efforts and funding should address the need for:
 - episodic long-term (over one month) treatment;
 - additional temporary and on-going support services;
 - comprehensive prevention strategy to prevent and reduce drug and alcohol problems among homeless people and those at risk of homelessness; and
 - decreasing the number of adolescents and young adults with disabilities who become homeless.
2. The City of Berkeley shall require that all permanent supported and transitional housing programs include HIV prevention and education services as part of housing programs for homeless people of all ages and those at risk of homelessness.
3. The City of Berkeley should ensure that people of all ages who are HIV-positive are provided access to primary HIV care and regularly updated information on HIV therapy treatments, and other HIV-related services.

4. Establish and fund a Housing Assistance Program (modeled on the City of Berkeley's existing program for people with HIV/AIDS) for people diagnosed with active tuberculosis, which would provide a shallow and temporary rent subsidy to individuals who must take medication (including directly observed therapy) to achieve their cure.
5. Establish intermediate-level care residential and clinical options where homeless people and people at risk of homelessness due to illness can recover from serious illness and those with communicable diseases can recuperate, receive medical treatment, and obtain community housing and support services.

Mental Health

The Mental Health Division's mission is to promote and preserve the mental and emotional well-being of the Berkeley/Albany community by providing responsive, well-coordinated, and efficiently managed outpatient mental health services to Berkeley/Albany residents with the greatest need for mental health assistance. Berkeley Mental Health (BMH) makes direct contacts with homeless people in particular through the efforts of the Homeless Outreach Team (HOT) and the Mobile Crisis Team (MCT). (These efforts were discussed in Section D, Support Services, above.)

The Homeless Outreach Team contacts homeless people on the street, conducts initial assessments and provides referrals either to Berkeley's outpatient mental health programs, or to the Berkeley Drop-In Center or Bonita House, or other non-mental health services as appropriate. The HOT's approach is to prevent problems for homeless people by engaging them in their own self-preservation and then linking them with the help they need.

The MCT intervenes in mental health crisis situations, with priority responses to the Berkeley Police Department for assistance with people in need of evaluation for psychiatric hospitalization. The MCT prevents hospitalization in 49 percent of those evaluated for emergency commitment.⁹ The MCT responds to a broad range of

⁹City of Berkeley City Manager's Office, *1998-99 Biennial Budget: 1998 Proposed*, p. 162. Diversion from psychiatric hospitalization is a process. It begins with a referral to the Mobile Crisis Team of an individual to be evaluated for involuntary hospitalization. The staff will also evaluate a person in the absence of a specific request, when staff's initial observations indicate that the person may have a mental disorder, pose a danger to themselves, a danger to others, or may be gravely disabled. At this point the evaluation process begins.

The staff does a mental status examination, gathers historical information, and secures information for family members or other witnesses. Information and facts are also sought from the individual about their current risk level in terms of danger to self, others, or grave disability.

The individual's strengths, social, family, community support, and therapeutic supports, are evaluated in relationship to assisting this individual to maintain or improve their level of functioning at this time. The adequacy of the support is evaluated in relationship to the probable behavior the individual is likely to engage in.

additional calls from police, fire, emergency room personnel and the public, which involve crises with homeless individuals and others in the community. During FY 1995-96 the MCT served nearly 1,600 individuals.

BMH also operates a Court Diversion Program which serves clients referred by the Berkeley/Albany Municipal Court, many of whom are homeless or at risk of homelessness. The Court Program provides assessment of people in custody, individual and group psychotherapy, and case management and medication evaluation and maintenance for problems that may include domestic violence, alcohol and other drug abuse, mental disability, and life crises.

Finally, BMH operates two other programs where a portion of their clientele is homeless. The Family, Youth and Children Program enables individuals to find help for severe emotional disturbances, behavioral and academic problems, family abuse, or neglect. Additionally, programs are offered at many local schools, including the student health center at Berkeley High School. The other program, the Adult Outpatient Program is for people 18 years or older seeking assistance with longstanding or severe psychiatric symptoms, or with problems that interfere with work and social functioning. This program also offers brief and long-term services.

In January, 1998 the Substance Abuse and Mental Health Services Administration (SAMHSA) provided a \$150,000 Community Action for Service System Change grant to the City of Berkeley Mental Health Division to build consensus among Berkeley stakeholders to establish agreement and commitment with stakeholders to provide a higher level of coordinated service and housing support for the most difficult to serve homeless mentally disabled individuals. Berkeley Mental Health estimates that there are 75-100 individuals that would qualify for such a level of service intensity.

Throughout the planning process, the community made clear to staff that housing and services for this most vulnerable population must be addressed simultaneously. The planning process focuses on adapting Assertive Community Treatment to the unique conditions and values of the Berkeley community.¹⁰ The process will also address larger mental health policy objectives, such as the need for residential mental health treatment options. This is consistent with the overall objectives of the grant,

If the person's mental disorder and danger to self, danger to others, or grave disability are such that no resource will significantly reduce this person's level of risk, then the person is sent to a psychiatric hospital to protect the individual's life or the lives of others.

¹⁰The Assertive Community Treatment (ACT) model requires coordination of interrelated methods of treatment and support in order to help mental health clients achieve successful community functioning. The model's goals include improved access to care, enhanced continuity and coordination of care, stabilization of symptoms, prevention of relapse, maximization of instrumental and social skills and functioning, help with basic needs, and the overall enhancement of a mentally disabled individual's quality of life. One of the key methods for assuring continuity of intensive client engagement is the delivery of services to the client in the homes and neighborhoods of clients so that "real-life" problem-solving skills can be directly taught and coached by mental health staff in familiar residential settings.

which includes the development of a system of mental health care plan. Service enhanced housing options identified in this system of care plan need to be more intense and supportive than current services offered in Berkeley, and less intense than involuntary hospitalization.

Mental Health Recommendations¹¹

Goal

Prevent people at risk of homelessness with mental health issues from losing their housing.

Actions

1. **Establish waiting list priorities for homeless people in publicly funded mental health treatment slots, with a goal of treatment on demand for those personally committed to treatment.**
2. **Expand the provision of health care services available to homeless people and people at risk in supported housing where they receive other services.**
3. **Support Berkeley's existing criminal justice/court diversion program which diverts from incarceration individuals whose primary problems are mental health-related, to outreach, assessment, and treatment programs.**
4. **Provide mental health training and explore availability of financial help to current and new board and care providers providing short-term care for those who need episodic home health support.**
5. **Identify high-risk residential or other local settings and target groups and individuals where harm reduction strategies may be beneficial. Encourage people in these settings to enter treatment by providing trained, peer-based counseling.**
6. **The City shall evaluate the Homeless Outreach Team and Mobile Crisis Team efforts and identify program activities that should be strengthened and commit City resources to strengthen them, within 12 months of Council adoption of this Plan.**

Goal

For homeless seriously mentally disabled people, a range of residential support options shall be developed as part of a comprehensive mental health system of care plan.

¹¹Recommendations to increase housing available to homeless people with mental disabilities are found in Section C, Housing, Permanent Supported Housing, above.

Actions

1. **Berkeley Mental Health staff shall collaborate with mental health advocates, service providers and housing developers to develop a comprehensive residential support plan. This plan shall address a range of residential treatment and support options, including:**
 - **Adult Residential Treatment**
 - **Day Rehabilitative**
 - **Crisis Residential**
 - **Service-enhanced Board and Care Housing**
2. **BMH, mental health advocates, service providers, and housing developers shall collaborate to implement the mental health residential support options using all available program and funding alternatives.**

Alcohol and/or Other Drug Abuse

At any point in time, 38 to 48 percent of Berkeley's homeless population may have an alcohol or other drug abuse problem.¹² If any headway is to be made in housing and stabilizing the lives of large segments of the homeless population in Berkeley, then substantial investments of time, funds, and treatment and recovery expertise will be needed. What services are available now in Berkeley and Alameda County have the capacity to serve just a small fraction of this population. There is tremendous concern in American society about alcohol and drug abuse; in Berkeley, particular concern is raised by service providers and others who fear that what treatment and recovery resources exist are undermined (and taxpayer dollars wasted) when detoxified alcoholics and drug addicts revert to their old ways because there are insufficient treatment resources and affordable housing in supportive environs to help them stabilize and stay away from their addictions.

The cycle of addiction leads to joblessness and evictions, and prevents addicts from seeking emergency shelter, transitional housing, or permanent supported housing. Alcoholics and drug addicts also do not seek regular job training and employment opportunities unless they are addressing (or have addressed) their addictions.

Research on alcohol and other drug problems among homeless people indicates that alcohol is more widely used and far more accessible than illicit drugs. Berkeley's problem drinkers include a significant group of street drinkers and homeless people with alcohol and drug abuse problems. Berkeley Police Department officers, other City staff, and several public health research studies suggest that alcohol and drug problems of this group are worsened by convenient access to easy availability of high-strength alcoholic beverages (wines greater than 14 percent alcohol, and malt

¹²*Homelessness in Berkeley*, June 1997, Table 9, footnote 2, p. 23.

liquors greater than 5.7 percent alcohol).

Two main strategies are needed to address alcohol and other drug addiction. First, additional residential detox, treatment and recovery programs are needed, at least some of which should be made available in Berkeley. Subsequent to completing treatment and recovery programs, there is a need for sober housing (see also Section C, Housing, Transitional and Permanent Supportive Housing) in which tenants are restricted from consuming alcohol or drugs either on or off-site as a condition of their tenancy. Thus, to get alcoholics off the street, both treatment and recovery programs and affordable sober housing must be available so these people can make the transition from addiction to sobriety.

Through funds from Measure O, the City of Berkeley contracts with LLMC for alcohol and drug acupuncture detoxification services, and with New Bridge Foundation to provide residential alcohol and other drug residential treatment for 12 Shelter Plus Care beds dedicated to treating people also living with HIV/AIDS. There are long wait lists for these services; throughout Alameda County there are far fewer slots for residential alcohol and drug treatment programs than there are low-income and homeless people needing them.

In the second strategy, the City of Berkeley should develop ways to reduce sales of cheap fortified alcohol and malt liquor drinks with the purpose of reducing the supply of these products in several commercial areas of Berkeley.

Alcoholic beverages are regulated by the State of California, but the businesses selling them can be regulated through their land use permits by the City of Berkeley. The City's efforts to monitor and regulate the sale of alcohol within its limits are organized by the inter-departmental Coordinated City Services Task Force (CCSTF). The CCSTF is at the center of a complaint-driven process responding to reported nuisances related to alcohol outlets in a manner that is both responsive to citizen concerns and fair to affected businesses.

The City's policy is generally to seek voluntary cooperation from a problem alcohol outlets before pursuing formal enforcement. However, in the event voluntary cooperation by the retail business does not occur, the CCSTF procedures are intended to create a clear record of investigations and contacts which can be used to enforce use permit conditions, with the threat of revocation of the use permit and closure of the business as the ultimate sanction for alcohol purveyors.¹³

Alcohol and/or Other Drug Abuse Recommendations¹⁴

¹³Coordinated City Services Task Force, *Revised Draft Protocol for Handling Nuisance Complaints About Liquor Outlets*, September 26, 1994, p. 1.

¹⁴Recommendations to increase housing available to homeless people with alcohol and/or other drug abuse disabilities are found in Section C, Permanent Supported Housing, above.

Goal

Prevent people at risk of homelessness with alcohol and/or other drug abuse issues from losing their housing.

Actions

1. Establish waiting list priorities for homeless people in publicly funded alcohol/other drug treatment slots, with a goal of treatment on demand for those personally committed to treatment.
2. Support maintenance of the existing 24-hour, county-wide Alcohol and Drug crisis hotline and publicize its availability throughout Berkeley.
3. Collaborate with Alameda County and all other jurisdictions to expand the number of residential alcohol and other drug (AOD) treatment, detox, outpatient, short-term residential, and long-term residential treatment slots available to low-income and homeless people with addiction problems from Berkeley, including single women and women with children.
4. Collaborate with Alameda County and all other jurisdictions to expand the provision of alcohol and/or other drug abuse treatment services where homeless and formerly homeless people are in supported housing and receive other services.
5. Provide alcohol/other drug-related training and explore availability of financial help to current and new board and care providers providing short-term care for those who need episodic home health support.
6. Provide support services through permanent supported housing and transitional housing programs that support reductions in alcohol or drug use as part of gradual recovery, leading to the individual's long-term rehabilitation and ongoing recovery.
7. Identify high-risk settings and target groups and individuals where harm reduction strategies may be beneficial. Encourage people in these settings to enter treatment by providing trained, peer-based counseling.

Goal

Maintain and expand existing alcohol and other drug addiction prevention strategies and treatment facilities in Berkeley, and work to develop local and regional solutions to alcohol and drug addictions among homeless people and those at risk of homelessness.

Actions

1. The City of Berkeley, through its Alcohol and Drug Policy Task Force shall

convene a community planning process to create a comprehensive alcohol prevention and treatment strategy. The strategy should strive for an appropriate balance between inexpensive alcohol prevention measures and allocations of funds for treatment and after care expenditures, including appropriate supported housing models.

2. The City of Berkeley shall collaborate with the City of Oakland, Alameda County, and other service providers to create a continuum of treatment services, and after care follow-up for victims of alcohol and drug addiction, including a range of housing options (sober, damp, wet, harm reduction). Special priority should be given to programs that accommodate single parents with children. Access to beds should be flexible without regard to what area of the county the homeless person comes from, when possible.
3. The City of Berkeley shall assume a leadership role in promoting addiction prevention strategies as important program components aiming to break the cycle of alcohol and drug addiction and homelessness while promoting individual, family, and neighborhood public health.

Goal

Maintain and strengthen strategies that reduce the sale of fortified alcohol products and other drugs in Berkeley.

Actions

1. The City shall continue to implement and strengthen the ongoing efforts of the Coordinated City Services and the Alcohol and Drug Policy Task Forces.
2. The City shall continue to work with the University and other affected constituencies to develop strategies to reduce the availability of alcohol and other drugs in the Telegraph Avenue Area, as well as other areas of Berkeley.
3. The City shall continue to work with the University and other affected constituencies to develop strategies for providing clean and sober services (such as exploration of sobering stations, wet/damp housing models).
4. Areas known to be frequented by persistent street drinkers must have outreach efforts to provide food at regular and appropriate intervals.
5. Alcohol outlets shall discouraged from locating in close proximity to social service and alcohol and other drug recovery services.
6. The City of Berkeley shall explore the legal potential for holding liquor store owners responsible for nuisance conditions involving their operations.

Multiple Diagnoses

The City of Berkeley set aside 12 Shelter Plus Care certificates with the New Bridge Foundation of Berkeley to house dual-diagnosed people (drug/alcohol diagnosis, plus being HIV-positive or living with AIDS). New Bridge offers a strenuous program, however, with which people with AIDS have had difficulty. Bonita House operates a transitional program for people with dual diagnosis of a mental disability, and a concurrent history of alcohol and/or other drug addiction. LLMC, as noted above, provides acupuncture detox treatment for people with alcohol and/or other drug problems, some of whom may have mental disabilities. Beyond these operations, there are few other agencies in Alameda County that serve people with dual or multiple disabling diagnoses.

Multiple Diagnoses Recommendations¹⁵

Goal

Prevent people at risk of homelessness with dual or multiple-diagnosis issues from losing their housing.

Actions

1. **Establish waiting list priorities for homeless people in publicly funded dual or multiple diagnosis treatment slots, with a goal of treatment on demand for those personally committed to treatment.**
2. **Collaborate with the Alameda County Health Care Services Agency to expand the provision of multiple diagnosis services where homeless and formerly homeless people are in supported housing and receive other services.**
3. **Provide multiple-diagnosis-related training and explore availability of financial help to current and new board and care providers providing short-term care for those who need episodic home health support.**
4. **Identify high-risk settings and target groups and individuals where harm reduction strategies may be beneficial. Encourage people in these settings to enter treatment by providing trained, peer-based counseling.**

¹⁵Recommendations to increase housing available to homeless people with dual or multiple diagnoses or disabilities are found in Section C, Housing, Permanent Supported Housing, above.

G. Plan Administration

The main purpose of Plan Administration is to identify actions necessary to make the Plan a reality: a strong, comprehensive county-wide Continuum of Care system that successfully addresses the needs and talents of Berkeley homeless people and low-income Berkeley residents at risk of homelessness. It will do this by enhancing local services and regional cooperation, particularly with the *Alameda County-wide Homeless Continuum of Care Plan*.

This section provides recommendations on how Berkeley's Homeless Continuum of Care dollars shall be administered and governed. It also describes actions the City of Berkeley can and must take to collaborate with the City of Oakland, Alameda County and other municipalities in the county (and western Contra Costa County jurisdictions and agencies) to facilitate regional solutions to the problems of homeless people.

Successful implementation of the Plan means that the City should be able to look back in five years and see:

- measurable progress in creating new service-enriched, affordable, and permanent supportive housing;
- increased availability and diversity of alcohol and other drug abuse treatment programs to treat homeless people addicted to drugs and alcohol;
- increases in the number of transitional housing programs that provide homeless people the time, space and social supports to put their lives back in order, to rediscover their self-sufficiency, and exit the Berkeley homeless Continuum of Care with new confidence;
- those with permanent physical or mental disabilities stabilized in more transitional housing with the time and space to obtain life skills so that they can make the transition to a permanently housed and supportive living situation;
- additional permanently affordable housing units in neighborhoods throughout Berkeley housing low-income Berkeley residents; and
- the development of systems and resources that prevent unnecessary evictions resulting in homelessness.

These things cannot happen without close, collaborative relationships between community-based agencies (non-profits, faith organizations) providing homeless services, the City of Berkeley, City boards and commissions, and other jurisdictions. Indeed, homelessness cannot be eliminated until other social institutions -- especially businesses, labor unions, schools, etc. -- are also more closely involved in enabling

homeless individuals and families to get back on their feet quickly (when they are able), and cared for in cases where low-income people may be disabled.

The topics covered in this section include:

- Strengthening the Continuum of Care
- Collaboration Among Jurisdictions
- Boards and Commissions
- Long-Term Financial Stability
- Improvements Through Better Information Use

Strengthening the Continuum of Care

Developing a stronger and more fully-functioning Berkeley Homeless Continuum of Care that can move people out of homelessness must include agreement on standards for services provided in order to create parity of services across providers and areas of the county. A family or person's transition from homelessness should not depend on luck or access to specific high-quality services while other people receive a lower standard of care for equivalent needs. Furthermore, the service and housing system must treat the people they assist with respect and dignity, and provide means by which problems can be solved, first at the program site, where their grievances can be redressed if practices are inadequate or flawed. Finally, improvements to the Continuum of Care in Berkeley, and linked with the Alameda County-wide Continuum of Care, can result from new partnerships among service and housing providers, and a process of regular and continuous feedback on the system's performance from homeless clients and service users.

A strong Continuum of Care will also be one whose components are accountable for providing sensitive, appropriate and effective services to homeless people. The United States has a constitutional tradition of due process of law, and consistent with this tradition, the Berkeley Continuum of Care should follow a grievance or appeals process in which aggrieved parties can go to petition for redress of their concerns. The *Alameda County-wide Homeless Continuum of Care Plan* will develop procedures for a grievance process as part of implementation of their Plan (see also Section E, Support Services, Standards of Service Provision, above).

Strengthening the Continuum Recommendations

Goal

Collaborate with community-based organizations and Alameda County to strengthen the overall Homeless Continuum of Care.

Actions

1. **The City of Berkeley, together with Berkeley community-based organizations, the Independent Task Force on Homelessness, and other**

institutions and individuals, shall collaborate with Oakland and the Alameda County-wide community process to develop county-wide minimum standards of service for homeless services, shelter, and housing provided in the Continuum of Care (see also Section E, Support Services, Standards of Service Provision, above).

2. The ITFH and the City of Berkeley shall work to improve treatment of homeless people by collaborating with the City of Oakland and Alameda County to establish a grievance process in the County-wide Homeless Continuum of Care. Grievances should only be heard at levels beyond the program site if problem-solving efforts on-site have failed to address the matter (see also Section E, Support Services, Standards of Service Provision, above).
3. The ITFH and the City of Berkeley shall work to strengthen mechanisms and develop methods for obtaining information from service users and providers about where ongoing service gaps in the Continuum of Care exist, and how they might be filled or eliminated to improve the overall system of care (see Improvements Through Better Use of Information, below).
4. The City of Berkeley shall encourage new partnerships and collaborations among homeless service providers and across jurisdictions to promote regional solutions for strengthening the Continuum of Care and ending homelessness.

Collaboration Among Jurisdictions

To facilitate county-wide coordination and regional approaches to homelessness, regional and inter-jurisdictional collaboration is proposed among Berkeley, Oakland and Alameda County on mutually beneficial homeless policies, programs and projects.

Berkeley's participation in County-wide and Oakland policy discussions and program development (and their participation in ours) will be critical for a number of reasons. First, it fulfills the Berkeley City Council's wish (dating back to 1993) that homelessness be addressed as a regional problem.¹ Second, the City of Berkeley is an important actor in a number of areas of homeless policy, including affordable housing, supportive housing, mental health care, public health, and case management. Working with Oakland and Alameda County-wide efforts will be an important forum for airing Berkeley concerns in these and other areas, such as development of a regional approach to alcohol and other drug abuse treatment and prevention. Third, Berkeley's participation in these efforts will foster greater understanding among the communities of Alameda County about homeless issues, and Berkeley's participation will be an important link between Berkeley's

¹*Homelessness in Berkeley*, p. 31.

communities and the larger county.

Berkeley's leadership in the Alameda County-wide planning process can serve as a model for other Bay Area multi-jurisdictional efforts.

Jurisdictional Collaboration Recommendations

Goal

The City of Berkeley shall collaborate with Oakland and Alameda County in ongoing deliberations on regional and inter-jurisdictional homeless continuum of care issues.

Actions

1. **City staff shall participate with the Oakland and Alameda County efforts in accordance with the priorities and actions identified in the Berkeley's *Homeless Continuum of Care Plan*.**
2. **The City staff shall keep the Independent Task Force on Homelessness (ITFH) informed of all actions taken in Oakland and Alameda County that affect Berkeley's Homeless Continuum of Care and implementation of this Plan, including:**
 - using data available from the City of Oakland and Alameda County to assess and evaluate service provision in Berkeley and its relationship to County-wide service evaluation efforts.
 - assisting in developing the City of Oakland and Alameda County work plan, and keep the ITFH informed of its content and implementation.
 - serving as liaison between the City of Oakland and Alameda County, the Berkeley City Council and ITFH to coordinate joint implementation of Berkeley's Homeless Continuum of Care plan.
 - serving as liaison between the City of Oakland and Alameda County, ITFH, and the Berkeley community to educate the community about homelessness and strategies for ending it.
3. **The cities of Berkeley and Oakland, and Alameda County, shall develop jointly-funded and plan-initiated actions resulting in programs and projects with multi-jurisdictional benefits, including, but not limited to, development of county-wide standards of service, management information systems, and winter shelters.**

Boards and Commissions

This Plan intends to foster a collaborative approach among existing advisory boards and commissions (including those identified in the Introduction to this report) as well as the Rent Stabilization Board, an approach that will facilitate coherent implementation of the *Berkeley Homeless Continuum of Care Plan* priorities. Early and

continuing involvement of interested boards and commissions will be important in avoiding further fragmentation of homeless service funding decisions. It is likely that the Plan would not begin governing CDBG, CSBG, General Fund, and Measure O funds until Berkeley's fiscal year 1999-2000 at the earliest (deliberations for which begin in the fall of 1998).

Currently two of the most important commissions that will be involved in administration of this Plan are the Housing Advisory Commission (HAC) and the Human Welfare and Community Action Commission (HWCAC). Together these commissions advised Council to allocate nearly \$695,000 in fiscal year 1996-97 to Berkeley community agencies providing services primarily to homeless people in Berkeley.²

The City Council is the ultimate authority on decisions concerning the allocation of funds to homeless services in Berkeley. The Council, by mandate from the voter-approved Measure O (passed in 1994), allocated another \$754,000 directly to homeless services in FY 1996-97.

Coordination with the Rent Stabilization Board will be important in developing early warning systems that help identify evictions that may result in someone becoming homeless (see below, and Section A, Eviction Prevention, above).

Boards and Commissions Recommendations

Goal

Funding and policy recommendations to the City Council affecting any homeless services and housing shall be coordinated among the involved commissions and conform with the goals, policies, and priorities set forth in this Homeless Continuum of Care Plan.

Actions

1. **The role of the Independent Task Force on Homelessness shall be to review proposals for and make recommendations to Council regarding Measure O services funding, McKinney Homeless Assistance Act competitive funds for the City of Berkeley, including at such time that McKinney funds and programs are converted to an entitlement block grant.**
2. **The Independent Task Force on Homelessness shall be the commission to review and monitor progress made on implementation of this Plan.**
3. **Boards and commissions making recommendations concerning the provision, location, kind, and quantity of services for homeless people and those at**

²*Homelessness in Berkeley*, Table 14, p. 54.

risk of homelessness shall provide adequate notice to the Independent Task Force on Homelessness to assure the Task Force's awareness and involvement.

4. Boards and commissions making recommendations to the City Council concerning the funding of services for homeless people and those at risk of homelessness shall make findings that their budget recommendations conform with the goals, policies and actions in this Plan.
5. The Housing Advisory Commission shall review, and revise as necessary, the City's Housing Trust Fund guidelines to ensure that its goals and priorities are consistent with this Plan.
6. The City shall explore with the Rent Stabilization Board ways to implement an early warning system for pending evictions of low-income Berkeley residents that could result in destabilizing homelessness (see also Section A, Eviction Prevention, above).

Long-Term Financial Stability

Lack of long-term funding is a substantial barrier to achievement of a comprehensive Continuum of Care for preventing, reducing, and eventually eliminating homelessness in Berkeley and Alameda County. The current service delivery system is stretched extremely thin; virtually every provider faces growing demand that far outstrips the services they provide within their limited resources. This situation may grow more imbalanced over the five years of this Plan, if increased homelessness results from public benefits cuts to very low income people, decreases in Section 8 and public housing subsidies, rising market rents for housing, and potential reductions in federal funding for homeless programs in Berkeley and the county.

Service delivery is also hampered by a funding system that provides only short-term funding while requiring providers to spend large amounts of staff time raising relatively small amounts of money through separate application processes that contain different proposal formatting and reporting requirements. Provider frustration runs high over this issue.

With these difficulties in mind, it is critical that jurisdictions like Berkeley not merely react to external changes to the financing and demand for homeless services, but take steps to attain financial stability for the Continuum of Care, and achieve greater efficiency by streamlining multiple funding processes as possible. Berkeley already makes it possible for community-based and homeless service agencies to apply just once for Community Development Block Grant, Emergency Shelter Grant, and General Fund Community Service Program funds. But more coordination to avoid further duplication could be potentially done across jurisdictions and with private foundations too. The Continuum of Care must assure that the needs of homeless people are addressed as efficiently, specifically, and thoroughly as possible through a system of service providers with adequate funding to do the job.

As noted in Chapter IV, Funding for Homeless Services (below), the Plan recommends that new revenues dedicated to homeless services be sought through a vote of Berkeley residents on a new tax.

Long-Term Financial Stability Recommendations

Goal

Implement a range of strategies that will stabilize the funding base of the Berkeley homeless Continuum of Care system.

Actions

1. **City staff shall work with Berkeley community-based organizations, the federal and state governments, private foundations, and the City of Oakland and Alameda County to:**
 - generate greater continuum of care resources through advocacy efforts, new fund raising, and coordination of existing fund raising;
 - facilitate multi-jurisdictional funding of regional projects that implement specific Plan priorities.
 - develop agreements concerning specific Plan priorities among multiple funders and issue joint Requests for Proposals or Qualifications.
 - collaborate with Alameda County's proposal to establish a multijurisdictional Homeless Trust Fund with dedicated sources of funding.
 - improve funding processes through coordination and streamlining around Continuum of Care objectives by matching providers and funders that are complementary and facilitate these relationships if they do not already exist.
 - explore creating, among both public and private funders, a single "core" application process that requests uniform information of funding applicants. This application process shall ease administrative burdens for agencies and facilitate uniform data reporting.
 - build on current efforts among the jurisdictions to coordinate federal McKinney Act homeless funding applications that reflect this Plan's priorities.
2. **The City shall consider participating in the creation of a single county consortium for obtaining McKinney competitive funding.**
3. **The City of Berkeley shall study and prepare a tax proposal to be placed before Berkeley voters that would raise sufficient revenue to fill gaps in housing and services in identified in Berkeley's homeless continuum of care. If found to be a special tax, the proposal would require 2/3 voter approval.**

4. In coordination with the City's federal lobbyist, the City shall promote and advocate for proposed legislative formulae for McKinney Act consolidation and block granting such that any allocation of entitlement funds or funding under competitively-awarded McKinney funds is commensurate with historic funding levels, and agency and homeless needs in Berkeley.

Improvements Through Better Information Use

For the Continuum of Care to provide coordinated responses to community needs, it is critical that responsive and accurate systems are developed to provide accurate data collection, outcomes measurement, and communication -- all areas addressed by management information systems (MIS). In addition, homeless people and case managers have a strong need for regularly updated, accurate, easy-to-use information about available services and housing. While some MIS capacity already exists in Berkeley and Alameda County (particularly in the areas of services and housing information) there are few means to compare performance of service agencies and evaluate overall trends and needs affecting the Continuum of Care.

The level of technological sophistication varies widely across agencies with larger organizations such as BOSS making fairly extensive use of MIS, while smaller agencies may have personal computers that are two or three generations old, and not linked up into networks. Alameda County proposes an MIS development process that will allow the necessary focused attention on these important issues. The County hopes that the process will create tools that can help the Continuum of Care target resources better on successful strategies for preventing, reducing, and eventually ending homelessness.

Uses of the MIS need not be limited to information and referral, and outcomes measurement. But the uses of MIS should be determined publicly and explicitly through a system design and planning process that *above all* creates a system that helps families and individuals out of homelessness and protects their dignity, health, and privacy at the same time.

Information Use Recommendations

Goal

The City of Berkeley shall work with Berkeley service and housing providers, and with Alameda County, to improve service delivery and evaluation through an integrated management information system, particularly through:

- *improved information about available services and housing;*
- *greater understanding of individual agency outcomes and performance for use in reporting to funders and restructuring programs;*
- *enhanced knowledge of system-wide trends, needs, and outcomes for use in directing overall Continuum of Care resources;*
- *heightened protection of privacy; and*

- *increased knowledge of who is homeless and what their needs are.*

Actions

1. **The City shall collaborate with the City of Oakland and Alameda County concerning:**
 - MIS committee research and development of the MIS.
 - development of minimum MIS standards applicable to all agencies for incorporation into all agreements and contracts.
 - development of minimum privacy and confidentiality standards for treatment of service clients.
 - inventory of service provider capacity to meet all minimum MIS standards and system requirements for the purpose of identifying training or resource gaps that need addressing.
 - a training and technical assistance program to ensure a minimum level of MIS competency in all community agencies.
2. **The City shall evaluate the MIS performance for its ability to meet the needs of homeless people, agencies, and the Berkeley Homeless Continuum of Care system as a whole. The evaluation shall provide recommendations for improving MIS system performance in reducing and ending homelessness.**
3. **The City shall collaborate with homeless service providers and the City of Oakland and Alameda County to develop a uniform Intake Instrument (application form) for data tracking and analysis purposes.**
4. **The City shall collaborate and make pro rata funds available to routinely survey service consumers to determine overall satisfaction levels and unmet (and emerging) needs.**
5. **The City of Berkeley shall monitor and evaluate agencies serving homeless people and those at risk of homelessness to ensure that funds are spent appropriately for service provision.**

H. Community Support

Homelessness challenges every community with difficult questions, including whether and how to provide services to homeless people and people at risk of homelessness. Regardless of their needs and circumstances, homeless people whose social supports are mainly in Berkeley prefer to obtain services *someplace* in Berkeley.

Out of this Plan's identification of gaps in services in Berkeley's homeless continuum of care comes a need for some specific new services. These include:

- transitional housing programs
- life skills training programs
- permanent supportive housing
- services targeting homeless youth
- residential substance abuse treatment.

In the past, as in the future, the diverse stake holders in the Berkeley community will all have some say in how and where these services will be provided, whether here in Berkeley, or available through regional networks and interjurisdictional cooperation.

Past and Present Support

In the case of affordable housing, the California Constitution (Article XXXIV, or Article 34 herein) already requires that:

"No low rent housing project shall hereafter be developed, constructed, or acquired in any manner by any state public body until, a majority of the qualified electors of the city, town or county, as the case may be, in which it is proposed to develop, construct, or acquire the same, voting upon such issue, approve such project by voting in favor thereof at an election to be held for that purpose, or at any general or special election. (§1.)"

In 1977 and 1981, Berkeley voters passed ordinances that approve the development, construction, or acquisition of 200 and 300 units respectively, of low-income housing pursuant to Article 34 of the California Constitution.¹ These measures created 500 units-worth of authority to construct new or rehabilitate existing affordable permanent housing in Berkeley, and has enabled the City to implement many of its housing policies since that time. As of 1997, the remaining Article 34 authority for additional publicly-assisted affordable housing units is 210.

Over the years, Berkeley residents have repeatedly offered their support for a number of Homeless Continuum of Care-related services and housing. In 1989, a survey of Berkeley households found that city-wide:

- 82 percent felt that Berkeley should provide housing for low income people;
- 89 percent felt that Berkeley should provide health services;

¹These ordinances are cited as Ordinance No. 4978-N.S. and Ordinance No. 5328-N.S.

- 83 percent felt that Berkeley should provide job training and placement services;
- 85 percent felt that Berkeley should provide shelters and aid for homeless people; and
- 87 percent felt that Berkeley should provide drug rehabilitation programs to address substance abuse.²

Then, in 1997, City Manager James Keene commissioned a survey of Berkeley residents concerning the City's priorities and services. This survey found that:

- 54 percent ranked it a top priority to find ways to create more affordable housing in Berkeley;
- 64 percent ranked it a top priority to improve employment opportunities for the poor and homeless; and
- 61 percent ranked it a top priority to provide more access to health care for "at risk" individuals, such as young people, people with HIV, drug and substance abuse problems, and mental or emotional disabilities.³

Community Objections

As a community over the last two decades Berkeley decided to offer many of these services at different locations around our city.⁴ At times, decisions on where services or affordable housing should locate have pitted neighborhood activists against community-based organizations and the City of Berkeley. Neighbors may object to new services citing fears of negative impacts on property values; violent, criminal or anti-social behavior by occupants or clients of the service; parking congestion, public safety problems, or an overall negative perception of the neighborhood that could result from clients perceived to be "hanging around."

Despite these concerns, Berkeley's overall crime rate between 1991 and 1995 declined. Moreover, numerous independent studies of property values before and after the operation of affordable housing projects indicate that they have no negative impacts on neighborhood property values.⁵

²Bay Area Economics, 1989 *Berkeley Household Survey*, Full Response Table Set, January 1990, pp. 30, 33-36.

³Memorandum from James Keene, City Manager, to the Berkeley City Council, *City Manager's Community City Services Survey Report*, June 17, 1997, Question 28, p. 8.

⁴A compendium of these services is found in City of Berkeley, *Community Development Block Grant Program, Community Services Block Grant Program, Emergency Shelter Grant Program, and General Fund Community Services Program Annual Budget, FY 1997-98*, July 1997. A summary of homeless services and housing programs is contained in *Homelessness in Berkeley*, Chapters III and IV.

⁵State of California, Department of Housing and Community Development, *The Effects of Subsidized and Affordable Housing on Property Values: A Survey of Research*, 1988; and Edward Goetz, Hin Kin Lam, and Anne Heitlinger, "There Goes the Neighborhood? Subsidized Housing in Urban Neighborhoods,"

New services must be located somewhere, and the community must be involved early and often in deliberations about that decision. *The challenge for neighbors, the community-based organizations, and the City of Berkeley is how to address homelessness through the provision of affordable housing and appropriate services while protecting the quality, safety, and cohesion of the neighborhood in which services are placed.*

Past community concerns also included the absence of a housing or services plan; inadequate public notice on projects; a belief that the City is a magnet for homeless people, drawing them from elsewhere to superior services and shelter; and fair share location of services.

On occasion, a key neighborhood complaint is the absence of a plan, a public decision about what should be done in a particular policy area. Berkeley faced this situation when a developer sought approval for funds to construct housing for low income people with AIDS. In the absence of a plan for addressing the issues raised by the prospect of a house dedicated to serving people with AIDS in Berkeley, neighbors rejected the proposal and the community became polarized. Ultimately, however, Mayor Shirley Dean convened a community-based task force to address HIV/AIDS housing issues and the City Council adopted the task force's recommendations unanimously in January 1996. Today, Berkeley operates a rental assistance program for low income people disabled by HIV/AIDS, and granted Resources for Community Development funds to acquire and rehabilitate a six-room group house on Regent Street to house and serve people with HIV/AIDS.

The City of Berkeley, through its own initiative, and together with that of Alameda County, hopes that creating a plan for homeless services and housing, organized as a Continuum of Care, will alleviate neighborhood concerns about new homeless services. This Plan will not address all concerns (such as those traditionally addressed by the General Plan or specific area plans in Berkeley). However, on questions of whether a service is called for in Berkeley's Continuum of Care, this Plan will of necessity express the community's preferences for which new services are needed to fill gaps *in advance* of specific location decisions being made. By making such findings now in this Plan, it is hoped that conflict will not arise over whether a particular service or housing need exists, but can instead be handled as a land use issue in the future through the normal use permit process (including a public hearing).

The City already must provide public notice to neighbors within 300 feet of any proposed conditional use permit for land uses not allowed by right under the City's zoning ordinance. The City's Housing Trust Fund guidelines require that any housing developer's loan application be the subject of a public hearing before the Housing Advisory Commission. Entities which seek to operate community care facilities and group homes must obtain licenses from the State Department of Social

Services' Community Care Licensing Division (CCLD). CCLD will not issue licenses if a use permit has not been obtained from the local jurisdiction, which, as noted for Berkeley, will involve a public hearing.

Another concern of City residents has been the perception that Berkeley became a magnet for homeless people and that the City has "done enough" to help the homeless, the mentally disabled, and other disadvantaged groups. Berkeley is perceived among homeless people as a relatively safe place in which to be homeless. While staff research indicates that Berkeley has historically had the highest per capita homeless services funding in Alameda County, a key reason for Berkeley's efforts to supply a variety of services to homeless people is that in the past few other communities in the East Bay have. In 1990, there were 660 emergency shelter beds in Alameda County, 220 of which were in Berkeley. By 1997, however, there were 834 shelter beds in Alameda County, and 200 in Berkeley.⁶

With the adoption of the *Alameda County-wide Homeless Continuum of Care Plan* by all jurisdictions (including Berkeley), other communities in the County are addressing homelessness in new partnerships. Berkeley's historically large share of the fiscal and social burden has already fallen, even as the Berkeley community and the City strive to make our Homeless Continuum of Care stronger and more effective.

Some residents believe their neighborhoods are the site of an excessive concentration of homeless services in Berkeley. These services are typically non-profit community-based organizations relying on private charitable donations and grants, as well as public funding. Most community services locate in areas of Berkeley where commercial rents are lower than downtown Berkeley to help reduce their fixed expenses so that more of their limited funds can be channeled to direct assistance for their clients.

The location of these services needs to be as convenient as possible for low-income people since many do not own cars; consequently, community services tend to locate along transit lines so that they can be easily reached via bus or BART by their clients. These two locational factors -- affordable commercial rents and good transit accessibility -- are most readily found along University Avenue, south Shattuck Avenue, Adeline Street, Ashby Avenue, and San Pablo Avenue.

Fair share concerns should be carefully balanced with the needs of homeless people using services to become self-sufficient while remaining associated with their social support networks in these same neighborhoods. The presence of positive support networks is known to facilitate greater independence and a return to self-sufficiency

⁶1990 data are from a City of Berkeley Memorandum from Stephen Barton to Eve Bach, Assistant City Manager for Planning and Community Development; Oscar Sung, and Eric Landes-Brenman, "Bay Area Comparisons on homeless and low-income housing assistance for use by the Mayors of Berkeley, Oakland, Richmond, San Francisco, and San Jose," April 4, 1990. 1997 data are from *Alameda County-wide Homeless Continuum of Care Plan*, April 1997, p. 29, and *Homelessness in Berkeley*, Appendix 3.

among homeless service users. Nonetheless, poor neighborhoods located in West and South Berkeley experience higher poverty rates than other neighborhoods and the City should do more to alleviate conditions in our poorest neighborhoods. One way to do this is to provide quality services such as grocery stores and public services which benefit the general population of the neighborhood (similar to other better-off neighborhoods), as well as homeless services.

Standards of Street Behavior

In 1993, then-Acting City Manager Weldon Rucker recommended that the City review its laws to respond to increasing levels of disorderly behavior on Berkeley streets. "Problematic street behavior" created a climate, perceived by many Berkeley residents, that deterred people from using public spaces and patronizing Berkeley businesses. Upon assuming office, appointed Mayor Jeffrey Shattuck Leiter convened a Mayor's Task Force on Street Behavior that recommended the following:

- establishment of a daytime multi-service center in the downtown or the Telegraph Area, staffed by a community agency, that would be a safe place for homeless people off the streets, and would include treatment and referrals to City and County services for those with alcohol and other drug abuse problems and mental disabilities.
- establishment of a guide/ambassador pilot program that would be used to welcome and inform visitors, inform people about inappropriate behavior, provide a visible presence and foster an atmosphere of security. The guides would also be linked by radio to beat patrol officers.
- train City mental health and homeless services staff, nonprofit organization staff and University of California and Berkeley Police staff on coordinated services, crisis intervention techniques, and sensitivity training consistent with Council policy on Community Involved Policing approaches.
- expansion of part-time jobs opportunities using existing BOSS and other programs.
- enactment of a street behavior ordinance allowing people to feel safe by prohibiting the following in commercial areas:
 - sitting, lying, or soliciting funds within 6 feet of building frontage between 6 a.m. and 12 midnight;
 - soliciting funds after dark in public places;
 - soliciting funds from people entering or exiting autos;
 - soliciting funds from within 25 feet of an Automated Teller Machine;
 - aggressive or intimidating behavior such as blocking, following, hounding, threatening, verbal abuse, touching or assaulting, or repeated solicitation.

The City Council adopted these recommendations, but submitted their implementation to an advisory vote of Berkeley residents in the November 1994 election, listed as Measure O on the ballot. The voters passed Measure O, but implementation of the problematic street behavior ordinance was held up in court by a lawsuit challenging its constitutionality. In April 1997, however, Council repealed

all but the ATM solicitation and the aggressive behavior enforcement provisions of Measure O.

Various services were put into place to implement the preventive services provisions of Measure O. These services now include:

- Outpatient acupuncture detox clinic operated by Lifelong Health Clinic (formerly Berkeley Primary Care Access Clinic) at the Herrick campus of Alta Bates Medical Center;
- Residential treatment facility, contracted to Bi-Bett Corporation at a Contra Costa County site;
- A Multi-Agency Services Center (MASC) operated jointly with the BOSS men's shelter in the basement of 1931 Center Street (the Veterans Memorial Building) downtown;
- A Multi-Services Center operated jointly by Trinity United Methodist Church, Berkeley Emergency Food and Housing Project, and Berkeley Ecumenical Chaplaincy for the Homeless;
- Case management and payee services operated by the Women's Day-time Drop-in Center on Acton Street and the Berkeley Drop-In Center on Adeline Street;
- The Berkeley Guides Program; and
- Staff training, and monitoring and evaluation of the Measure O programs.⁷

These services contribute to provision of essential services and housing to homeless and indigent individuals and families while also contributing to the reduction in problematic street behaviors.⁸ While each Measure O program responds to an urgent need, they are insufficient to meet most needs of Berkeley's homeless people.

Downtown and Telegraph Avenue merchants, during the public review of the draft Plan, expressed concerns that problematic street behavior and aggressive panhandling were increasing again. Some merchants felt that while Berkeley Guides does a good job patrolling downtown to curb problematic street behavior, only four Guides are on duty at any one time. They felt the City should revisit original measure O sitting and lying restrictions. They are also concerned that criminal enforcements on homelessness in San Francisco force homeless people there to relocate to the downtown area where they must be taught Berkeley's "street code" all over again.

New Occasions for Education and Support

This Plan calls for evaluations of existing programs and additional planning processes to create new ones. These Continuum of Care activities should become occasions for

⁷Memorandum of James Keene, City Manager, to the Berkeley City Council, "Preventive (Measure O) Services Initiative and Related FY 1996-97 Homeless Program Funding," September 17, 1996, p. 3.

⁸CLEW Associates, *Second Monitoring Report: Berkeley "Measure O" Service Programs for the Period March 1, 1995, through December 31, 1995*, February 20, 1996, pp. 18-20.

educating the Berkeley community through contacts between service and housing providers and neighborhood association representatives, faith-based congregations, and even university and Berkeley Unified School District programs about the services and housing the City provides on behalf of homeless and poor people, and to help engage the Berkeley community in the effort to reduce and eliminate homelessness.

Ultimately this Plan can only be implemented with broad-based community support for its actions. The planning process creating this Plan will be instrumental in achieving this support. Other actions can be taken, however, as outlined below.

Community Support Recommendations

Goal

Increase the Berkeley community's understanding of the causes of homelessness, of homeless people and their issues, and of the need for services and housing to reduce, and eventually eliminate homelessness.

Actions

1. **The City shall support existing efforts to build the capacity of homeless housing and service developers to achieve siting, government approvals, and neighborhood acceptance of new developments.**
2. **The City shall support and collaborate with community-based organizations and housing providers to develop public education methods to improve public understanding of poverty and homelessness in its many forms, the need for affordable housing and services, and the performance of service providers, including through use of community-based print, television, and radio media resources. These efforts need to reach people of all ages about the causes and consequences of homelessness and ways of preventing it.**
3. **City staff shall continue educating elected officials by testifying, arranging site visits, and providing information about homelessness and affordable housing and service needs.**
4. **The City shall continue to monitor the rate of new housing construction under its remaining Article XXXIV authority. When the City's authority reaches 100, the City shall plan for a new initiative that will provide authority under Article XXXIV for additional new housing construction.**

Goal

Holding to the intent of federal and state fair housing law, the City of Berkeley shall foster mutual involvement and partnerships between service and housing providers and neighborhood organizations to ensure that genuine community collaborations can constructively address the diverse issues of homeless people in our midst.

Actions

1. Service providers should adopt purchasing practices that are as local as is feasible in the Berkeley retail market.
2. Service providers and their clients should work to establish mutually beneficial relationships with their neighbors using any traditional social means at their disposal so they develop a common stake in the neighborhood.
3. Residents and businesses should work to establish good relationships with neighboring service providers so they can develop an understanding of the social needs providers fill. For example, they might consider volunteering at the service's facility.
4. City staff shall be available to provide technical assistance to providers, businesses, and neighbors willing to create neighborhood continuum of care partnerships.

Goal

The City of Berkeley shall maintain its approaches to mitigating problematic street behavior and aggressive panhandling.

Actions

1. Maintain existing funding for Berkeley Guides. Annually monitor and evaluate their activities. Develop strategies to diversify the program's funding base, including the use of business improvement district and/or other assessments.
2. Develop closer collaborative linkages by Berkeley Guides and Berkeley Police Department with outreach, and information and referral services to connect street contacts with appropriate service providers, case management, and housing opportunities.
3. Maintain regular City contact with neighborhood and merchant associations affected by problematic street behavior so that City government is responsive to changing conditions regarding problematic street behavior, aggressive panhandling, and alcohol and other drug abuse issues.
4. The City should periodically publicize and educate the Berkeley community about alternatives to panhandling, such as Berkeley Cares vouchers and referral resources to service providers.

IV. FUNDING FOR HOMELESS SERVICES

Funding for homeless services can be viewed in a number of ways, depending on how one looks at the homeless service system. One way to gain a sense of how much investment in services a community makes is to consider how much of its own (e.g., general fund) taxpayer funds is spent providing homeless services annually. Another way is to consider the degree of leveraging those tax dollars achieve in providing match or baseline dollars from other sources. A third measure of homeless service funding is to measure the success of community agencies seeking funds available through competitive proposal processes with the U.S. Department of Housing and Urban Development.

By all three measures, Berkeley has invested substantially in providing services for homeless people to obtain shelter, find jobs, receive benefits and utilize needed support services in order to escape homelessness. The City of Berkeley spends approximately \$1.23 million of its General Fund (through its Measure O and Community Service Programs) in Fiscal Year 1997-98. On a per capita basis this is considerably more than what other Alameda County communities spend.

These funds function as a match enabling a wide variety of service agencies to obtain private (foundation or member contribution) or other government funds to provide the services mentioned above throughout Berkeley and Alameda County. Some of these agencies, such as BOSS, Eden Housing, and the Jobs for Homeless Consortium, operate not only in Berkeley but in other communities of Alameda County.

Some agencies also compete quite successfully in national homeless service funding competitions run by HUD, including BOSS, BEFHP, U.A. Homes, and Jobs for Homeless Consortium, successes made possible in part because the City of Berkeley provides matching funds to these agencies for innovative services and because the agencies are leaders in their fields of endeavor.

With each dollar the City has put into homeless services, according to data developed by Bay Area Economics (BAE), a Berkeley-based consulting firm, an additional four dollars from other outside sources has been leveraged for Berkeley homeless services by community agencies.

The federal government has spent an average of \$1.1 billion nationwide on five homeless programs from Fiscal Year (FY) 1995 through the proposed FY 1998 budget. Of these funds about \$823 million is provided to McKinney Homeless Assistance Act programs, or about 75 percent of all federal homeless dollars in FY 1997. The Supportive Housing Program, which has awarded funds to Berkeley service and housing providers BOSS and Resources for Community Development recently, will be funded in federal Fiscal Year 1998 at \$625 million, including funds for renewals. Funding by Congress for McKinney Act programs has been kept level since FY 1996,

and is proposed at the same level for FY 1998.¹

The federal government also funds Health Care for the Homeless (HCH) at \$69 million in FY 1997, and is proposed for level funding in FY 1998.² As noted above, HCH provides regular public health screening through Alameda County at service sites throughout Berkeley.

A comparative analysis of spending for homeless services by Berkeley and Alameda County is provided in the City of Berkeley background report, *Homelessness in Berkeley*, available from the Health and Human Services Department or the Housing Department.

A. Homeless Services Funding by the City of Berkeley

Current CDBG and ESG Homeless Services Spending

In the current fiscal year, 1997-98 the City of Berkeley allocated \$4.9 million through its CDBG and ESG process. These funds are allocated to homeless service and housing programs in five CDBG project areas: housing, public services, public/community facilities, economic development, and planning and administration. The overall budget for homeless programs by project area is presented in Table 1, below, and amounts to about \$425,800 from CDBG and ESG combined.

Current GF/CSBG Homeless Services Spending

The City of Berkeley receives just \$160,000 in its entitlement federal Community Services Block Grant from the State of California. To this Berkeley added another \$1.59 million in General Funds for Fiscal Year 1996-97. Table 1 reports the City's spending on core homeless services through CSBG, and amounts to about \$405,000.

Other Service Programs

The City of Berkeley also funds services directly as an outcome of Measure O. These Measure O budget programs for FY 1997-98 are presented in Table 2. Total General Funds for Measure O services in Fiscal Year 1997-98 are \$768,000. Shelter Plus Care, funded by HUD from a McKinney Act grant awarded in 1993, will last until 1999, and is funded for FY 1997-98 at an estimated \$940,000.

¹National Coalition for the Homeless, *FY 1995 to FY 1998 Funding for Homeless Assistance Programs*, Internet website: <http://nch.ari.net/causes.html>, May 7, 1997.

²*Ibid.*

Table 1
City of Berkeley Direct Homeless Services Spending, Fiscal Year 1997-98

Project	Agency	Funds Allocated
CDBG Funds		
Homeless Youth House	BOSS	\$138,740
Harrison House Shelter & Services	BOSS	21,433
UA Homes Services Coordination	BOSS	28,010
One Stop Homeless Employment Center	Jobs for Homeless Consortium	73,280
Planning for Homeless Continuum of Care	City of Berkeley	56,120
CDBG Subtotal		\$317,830
Emergency Shelter Grant Funds		
Homeless Shelter Program	BEFHP	\$44,962
Community Recovery and Case Management	BOSS	\$12,373
Transitional Housing Repairs	BOSS	\$4,568
Veterans' Memorial Shelter Renovation	BOSS	\$36,097
Site Repairs	Women's Day-time Drop-in Center	\$10,000
ESG Funds Subtotal		\$108,000
CSBG Funds for Homeless Services		
Emergency Shelter	BEFHP	\$170,275
Emergency Shelter	BOSS	142,434
Benefits Advocacy	Homeless Action Center	15,000
Respite and Drop-in Center	Women's Day-time Drop-in Center	20,000
Domestic Violence safe haven	Women's Refuge	20,250
Nutrition services	Three South Berkeley churches	36,611
CSBG Funds Subtotal¹		\$404,570
Total CDBG/CSBG/ESG Homeless Services Funding		\$830,580
Measure O Programs (including New Bridge Foundation)		\$768,312
Shelter Plus Care (estimated)		\$940,000
Total 1997-98 Berkeley Homeless Services Spending		\$2,538,892

Source: City of Berkeley, Program Planning, Management and Budget Division.

¹CDBG Homeless Services spending represents about 6.6 percent of the total Berkeley CDBG budget.

²This represents 100 percent of the total Emergency Shelter Grant (ESG) budget.

³General Funds account for about 90.9 percent of CSBG funds spent on Berkeley community services in FY 1997-98; consequently about \$367,750 of the amount reported here is attributable to the General Fund.

Table 2
Measure O and Related Services Budget, City of Berkeley, Fiscal Year 1997-98

Program	Agency	FY 1997-98 Contract Amount
Trinity Quarter Meal & Winter Shelter	Berkeley Emergency Food & Housing Project	\$169,181
Berkeley Guides ¹	Berkeley Boosters	171,000
Payee Program	Berkeley Ecumenical Chaplaincy To The Homeless	18,000
Voucher Program	Berkeley Cares	10,000
Berkeley Drop-in Center	Coalition for Alternatives in Mental Health	20,000
VMB Multi-Agency Service Center & University Lutheran	Dorothy Day House	16,500
BPCAC Acupuncture Clinic at Herrick Campus	Lifelong Medical Care	88,278
Residential A&D Treatment	New Bridge	95,040
Drop-in Program	Women's Daytime Drop-in Center	20,000
VMB Multi-Agency Service Center	Building Opportunities for Self-Sufficiency	160,313
TOTAL FY 1997-98 Measure O and Related Programs		\$768,312

Source: City of Berkeley Health and Human Services Department.

¹Berkeley Guides is a Measure O direct service intended to address problematic street behavior in a preventive and proactive manner, but is not a direct service to homeless people.

Total City of Berkeley homeless service direct spending from all sources, and controlled by Berkeley auspices, is \$2.5 million in FY 1997-98.

B. The Future of Homeless Services Funding

The future of homeless services funding is at best uncertain. The federal government's financial role in the future of the homeless continuum of care remains in limbo. The present is governed by a Congress that maintains level funding for homeless assistance programs (under the McKinney Act) and retains competitive grants processes, while the future appears to belong to the combined effects of block granting with greatly reduced resources available through competition, and welfare reform's impacts, some of which occurred immediately, and the rest of which will not be fully felt for another four years.

Block granting could mean a significant reduction in federal funds for homeless services to Berkeley service providers. Recent estimates by HUD suggest that Berkeley may receive an entitlement block grant of between \$800,000 and \$1.1 million

a year.³ Berkeley service providers currently receive substantially more than this overall by leveraging their dollars and City subsidies for additional grants. Consolidation of McKinney Act program funds into block grants will mean a reduction of resources available for Berkeley's homeless continuum of care, though how much is not known at this time.

Some Homeless Continuum of Care initiatives serving Berkeley and northern Alameda County recently received \$7.78 million for by HUD's Continuum of Care Homeless Assistance Awards. These funds will provide much needed funds for ongoing transitional housing, youth, domestic violence safe havens, and self-sufficiency programs in Berkeley and northern Alameda County, and a new integrated services program received funding as well.⁴

Welfare reform's impacts will include an immediate and greatly increased need for rapid and effective job training and placement of homeless people, housing placement and support services, and health care. Other impacts from welfare reform will not occur immediately, allowing communities some time before the full consequences of welfare reform for poor people are felt throughout society. These eventual impacts must be planned for.

Investments at all levels of government addressing program requirements of welfare reform, such as job training and subsidized child care. These programs are only being designed at present, and are beyond the City of Berkeley's immediate responsibility for implementation. Where possible, however, these programs should be tapped creatively by service providers to obtain services for people in Berkeley's homeless continuum of care.

Service providers as a group already obtain operating funds for homeless services from a number of public and private sources. The potential decline in federal dollars will be felt directly by Berkeley service providers as well as the City. These declines can be addressed in part by encouraging service providers and municipal jurisdictions to move toward greater regional coordination. Service providers will also likely have to pursue private sources of funding more aggressively than ever from individual contributors, corporations and private foundations.

Given the prospect of reduced overall funding for Berkeley's homeless continuum of care, this Plan emphasizes prevention of homelessness as one of the least expensive and most cost-effective means of reducing homelessness.

³Eric Landes-Brenman, Homeless Services Coordinator, City of Berkeley, personal communication, September 11, 1997.

⁴Memorandum from City Manager James Keene to the Mayor and Members of the City Council, "Federal Housing and Homeless Program Funding Awards," January 27, 1998.

C. Proposed Continuum of Care Plan Investments

Tables 3 and 4 summarize investments needed to fill gaps in Berkeley's homeless continuum of care. Table 3 presents the capital costs to the City need to meet just 10 percent of transitional and permanent housing needs of Berkeley's homeless people, as identified in Appendix 2. The Plan proposes to construct or rehabilitate about 177 units across transitional, supported and independent housing models at a potential cost of \$5.68 million to the City's Housing Trust Fund (or about \$1.14 million annually). This estimate assumes that developments obtain some kind of matching financing as well, either from private or other public sources.

Table 3
Cumulative 5-Year Capital Investments of Housing Construction/Rehabilitation
Berkeley Homeless Continuum of Care Plan¹

Type of Housing	Targeted Number of Units	Estimated Cost per Unit	Estimated Housing Cost
Transitional Housing	Individuals: 60 units	Individuals: \$25,000/unit	\$1,500,000
	Families: 20 units	Families: \$35,000/unit	\$700,000
Permanent Supported Housing	Individuals: 40 units	Individuals: \$35,000/unit	\$1,400,000
	Families: 9 units	Families: \$40,000/unit	\$360,000
Permanent (Independent) Housing	Individuals: 40 units	Individuals: \$35,000/unit	\$1,400,000
	Families: 8 units	Families: \$40,000/unit	\$320,000
Total Targeted Units			177
Total Housing Capital Costs			\$5,680,000

¹These investments reflect the *additional* need to cover 10 percent of housing gaps beyond what the existing Housing Trust Fund is anticipated to support in the next 5 years.

Note: Cost estimates rely upon 10 percent of housing gaps for transitional and permanent housing identified in Appendix 2 as targets for implementation of the Berkeley Homeless Continuum of Care Plan. Targets for permanent housing are split in half for supported versus independent units. Table 5 assumes all dollars allocated through the Housing Trust Fund.

Table 4 summarizes new service program investments of \$4.4 million over 5 years needed to implement the Plan's various service proposals. All proposed investments assume the need to find matching funds from numerous public and private sources that will leverage funds from the City of Berkeley. The major cost items focus on prevention strategies -- eviction prevention, and employment training as a stepping stone to self-sufficiency, income stability, and homelessness prevention. These two strategies alone would account for nearly 45 percent (about \$1.98 million) of total non-capital investments proposed in the Plan. Service provision in the form of various support services and health care for homeless people account for about one-third of the Plan's proposed services investments. The average annual cost of the Plan's services proposals is estimated to be \$887,800.

The Plan seeks to identify potential sources of funds for program investments in Table 4, and to stimulate community discussion over how and which homeless

services should be provided in light of competing community needs and City budget priorities. The Plan can also be used to set priorities for which programs might develop funding opportunities with other jurisdictions and levels of government and the private sector. The purpose of the Plan is not to determine how all of the proposals contained here shall be funded. That should be an outcome of the community planning process.

D. Financing Investments in Berkeley's Homeless Continuum of Care

The *Berkeley Homeless Continuum of Care Plan* was created in recognition that some new investment will be needed to close gaps in services and housing for homeless people. The City of Berkeley currently has no certain revenue sources for the investments and programs itemized in Tables 3 and 4, and summarized in Table 5. The Plan also recognizes that homeless housing and services must compete with other priorities for City funding.

With competing policy and program priorities in mind the City Manager proposed and Council adopted a Five Year Strategic Financing Plan in the City's budget for FY 1997-98. The Strategic Financing Plan states, in part:

"Given the revenue raising restrictions of Proposition 218, it is even more important now than ever to understand the impact of policy decisions. For the most part, all new or increased taxes must now be voted on by the public. Therefore it is imperative to understand the cost of those decisions, both immediate and long term, and what the City can afford given our limited resources."⁵

One key component of the Strategic Financial Plan states that, "New Council priority projects will require new revenue." In addition, the Financial Plan also states, "Property related costs are increasing primarily due to voter approved General Obligation Bonds. Other property related fee increases should be kept to a minimum to avoid increases that exceed inflation."⁶

The challenge lies in striking a balance between these policies. If all or a portion of the investments needed for implementing the *Berkeley Homeless Continuum of Care Plan* are to be financed, then Berkeley voters (as called for in Proposition 218) must be asked to approve some kind of special tax (e.g., an increase in the real property transfer or transient occupancy tax, or some other tax) to raise the dedicated funds for purposes of providing new homeless services and housing. Identifying potential sources of revenue will be a key staff task in the implementation phase of the Plan.⁷

⁵City of Berkeley 1998-99 Biennial Budget: 1998 Proposed, May 5, 1997, p. 39.

⁶*Ibid.*, p. 41, 42.

⁷See Chapter III, Section G, Plan Administration (Long-term Financial Stability, Action 3, above).

Table 4
Potential Investments for Implementing the Berkeley Homeless Continuum of Care Plan

Continuum Element	Program Action Recommended	Start Date	Implementing or Responsible Entity	Potential Funding Source	Estimated Annual Cost	Cumulative 5-Year Estimated Cost
Eviction Prevention	Emergency cash assistance for homelessness prevention.	FY 1997-98	NPAs, COB	GF	\$110,000	\$550,000
	Extension of HIV/AIDS Housing Assistance Program.	FY 1998-99	COB, NPAs	GF, SHP, S+C	\$87,500	\$437,500
	Housing assistance for people in residential drug treatment.	FY 1998-99	COB, NPAs	GF	\$60,000	\$300,000
	Production of Homelessness Prevention booklet.	FY 1998-99	NPAs or private auspices	CDBG, Priv	\$20,000 one-time cost	\$20,000
	Payee service program.	FY 1998-99	NPAs	GF/CSBG, SHP	\$10,000	\$50,000
	Joint City/Rent Board sponsorship of tenant-landlord conciliation service.	FY 1998-99	Rent Board, NPA in conciliation service.	GF	\$10,000	\$50,000
	Total Eviction Prevention Investments					\$1,407,500
Emergency Shelter	Meet minimum standards for shelter and services provision.	FY 1999-2000	Shelter Providers	GF/CSBG, ESG, Priv	\$10,000	\$40,000
	Expand shelter bed capacity for homeless people with special needs.	FY 1998-99	Shelter Providers	GF/CSBG, ESG, Priv	\$10,000	\$50,000
	Total Emergency Shelter Investments					\$90,000
Housing Programs	Rental guarantee programs for those with poor credit and rental histories.	FY 1998-99	NPAs	GF/CSBG	\$50,000	\$250,000
	Total Housing Services Programs					\$250,000

Key: **GF** = General Fund; **CDBG** = Community Development Block Grant Program; **CSBG** = Community Services Block Grant Program; **ESG** = Emergency Shelter Grant; **CDC** = California Department of Corrections; **SHP** = Supportive Housing Program (from McKinney Homeless Assistance Act); **S+C** = Shelter Plus Care Program (from McKinney Act); **COB** = City of Berkeley; **AC** = Alameda County; **NPAs** = Non-Profit Agencies; **hhs** = households; **Priv** = Private Contributions.

Note: These proposed investments assume maintenance of existing efforts of existing homeless continuum of care programs in Berkeley.

Table 4
Potential Investments for Implementing the Berkeley Homeless Continuum of Care Plan

Continuum Element	Program Action Recommended	Start Date	Implementing or Responsible Entity	Potential Funding Source	Estimated Annual Cost	Cumulative 5-Year Estimated Cost
Employment, Training and Income Programs	Benefits advocacy expansion.	FY 1998-99	NPAs	GF/CSBG, CDBG	\$25,000	\$125,000
	Collaborative construction job training program for Berkeley residents who are homeless or at risk.	FY 1998-99	Construction Trades, NPAs, COB	GF/CSBG, State, Federal	\$90,000	\$450,000
	Total Employment, Training and Income Programs					\$575,000
Support Services	Maintain and improve existing multi-service centers.	FY 1998-99	Shelter Providers	GF/CSBG, CDBG, SHP, Priv	\$30,000	\$120,000
	Collaborate with AC hospitals, Alta Bates, and CDC to monitor institutional discharges to provide housing and service referrals.	FY 1998-99	NPAs, AC, COB	CDC, AC, GF/CSBG	\$35,000	\$175,000
	Improved communication technology.	FY 1998-99	NPAs, AC, COB	GF/CSBG, CDBG	\$15,000	\$75,000
	Increase SST service to Friday and weekends	FY 1998-99	NPAs, COB	GF/CSBG, CDBG	\$34,235	\$171,175
	Expand life skills training and counselling, including money management education.	FY 1998-99	NPAs, COB	GF/CSBG	\$40,000	\$200,000
	Legal services expansion.	FY 1998-99	NPAs, COB	GF/CSBG, Priv	\$30,000	\$150,000
	Provision of subsidized child care slots to assist with housing, employment, and service plan objectives/activities.	FY 1998-99	NPAs, COB	GF/CSBG	\$48,000	\$240,000

Key: **GF** = General Fund; **CDBG** = Community Development Block Grant Program; **CSBG** = Community Services Block Grant Program; **ESG** = Emergency Shelter Grant; **CDC** = California Department of Corrections; **SHP** = Supportive Housing Program (from McKinney Homeless Assistance Act); **S+C** = Shelter Plus Care Program (from McKinney Act); **COB** = City of Berkeley; **AC** = Alameda County; **NPAs** = Non-Profit Agencies; **hhs** = households; **Priv** = Private Contributions.

Note: These proposed investments assume maintenance of existing efforts of existing homeless continuum of care programs in Berkeley.

Table 4
Potential Investments for Implementing the Berkeley Homeless Continuum of Care Plan

Continuum Element	Program Action Recommended	Start Date	Implementing or Responsible Entity	Potential Funding Source	Estimated Annual Cost	Cumulative 5-Year Estimated Cost
Total Support Services Investments						\$1,131,175
Health Care	Disabled youths aging out of health care coverage.	FY 1999-2000	NPAs, COB, AC	GF, State	\$25,000	\$10,000
	Expand care to mental health clients in supportive housing.	FY 1998-99	NPAs, COB, AC	GF, State	\$30,000	\$150,000
	Collaborate with AC and other jurisdictions to assure residential detox beds available to Berkeley clients.	FY 1999-2000	NPAs, COB, AC, other jurisdictions	GF, State	\$50,000	\$200,000
	Collaborate with AC to expand services to multiply diagnosed people.	FY 1998-99	NPAs, COB, AC	GF, State	\$30,000	\$150,000
Total Health Care Investments						\$600,000
Plan Administration	Staff implementation costs (0.6 FTE Associate Planner and 1.0 FTE Community Services Specialist II).	FY 1998-99	COB	GF, CDBG	\$73,100	\$365,500
	Survey of service consumers to determine overall satisfaction.	FY 2000-01, FY 2002-03	COB, NPAs, AC	CDBG, AC	\$10,000	\$20,000
Total Plan Administration Investments						\$385,500
Total Non-Capital (Services) Investments						\$4,439,175

Key: **GF** = General Fund; **CDBG** = Community Development Block Grant Program; **CSBG** = Community Services Block Grant Program; **ESG** = Emergency Shelter Grant; **CDC** = California Department of Corrections; **SHP** = Supportive Housing Program (from McKinney Homeless Assistance Act); **S+C** = Shelter Plus Care Program (from McKinney Act); **COB** = City of Berkeley; **AC** = Alameda County; **NPAs** = Non-Profit Agencies; **hhs** = households; **Priv** = Private Contributions.

Note: These proposed investments assume maintenance of existing efforts of existing homeless continuum of care programs in Berkeley.

Table 5
Summary of Cumulative 5-Year Estimated
Investments to Meet New Needs

Capital Investments in Housing	\$5,680,000
Eviction Prevention	1,407,500
Emergency Shelter	90,000
Housing Services	250,000
Employment, Training, and Income	575,000
Support Services	1,131,175
Health Care	600,000
Plan Administration	385,500
Total New Non-Capital Investments	\$4,439,175
Annualized New Non-Capital Services	\$887,835
Total All Proposed New 5-Year Spending	\$10,119,175
Annualized All Proposed New Spending	\$2,023,835

Note: These estimates suggest what would be needed to reduce gaps in Berkeley services and housing.

APPENDIX 1

GLOSSARY

AFDC Aid to Families with Dependent Children. When in place, any and all Americans were entitled to benefits if they qualified for them. Subsequent to passage of the federal Welfare Reform Act, H.R. 3734 (see Appendix 1), AFDC has been succeeded by CalWorks (see CalWorks below).

Affordable Housing

Affordable housing is generally defined as housing in which the occupant is paying no more than 30 percent of gross income for gross housing costs, including utility costs.

AIDS

Acquired Immunodeficiency Syndrome: A disorder of the immune system caused by HIV virus (see HIV, below), that diminishes the body's response to infectious organisms and certain cancers. AIDS is labeled a syndrome because it can affect people in a multitude of ways, causing various illnesses in different individuals.

CalWorks

Created by H.R. 3734, the Personal Responsibility and Work Opportunity Reconciliation Act (Welfare Reform), CalWorks merges AFDC, emergency assistance, and GAIN (welfare to work) into a single block grant to the states. Welfare reform sets a maximum lifetime time-limit of *five years* for receipt of CalWorks assistance. Categorical eligibility of CalWorks recipients for Medi-Cal may be severed as well.

Case Management

A service performed by community agency staff that assesses a homeless client's overall needs for service and develops an action plan intended to address those needs specifically and directly. For example, an individual in need of both mental health counselling and job training can only be identified as such through case management screening. The case manager may also be the person who assists a client with applying to a specific program or for a specific benefit, a service known as "intake."

Community Development Block Grant (CDBG)

HUD grant funding program to cities and states to fund a broad range of activities directed toward eliminating slums and blight, preventing deterioration of residential and public facilities, and providing community services and facilities, principally for the benefit of low and moderate income people.

Community Services Block Grant (CSBG)

A federal community services grant administered by the State of California Department of Social Services. Berkeley is an entitlement jurisdiction that receives \$160,000 annually for the purpose of funding community service agencies. The City of Berkeley also supplements this grant with \$1.7 million in Berkeley General Fund dollars to support community service agencies, particularly in providing services to homeless Berkeley residents.

Continuum of Care

The name given to a systems concept that describes the relationship of various services and housing strategies to each other in the community-wide effort to assess and meet the needs of homeless people to enable them to become self-sufficient once again. The elements of a homeless continuum of care include:

- Outreach/Intake/Assessment (Case Management)

APPENDIX 1: Glossary

- Emergency Shelter
- Transitional Housing
- Permanent Housing
- Permanent Supportive Housing (housing enriched with services)

General services provided include mental health, job training, primary health care, alcohol and other drug abuse treatment, living skills and money management, family support, education, and HIV/AIDS treatment.

Disability

With respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment. "Major life activities," as defined in the Americans with Disabilities Act, includes (but is not limited to) such functions as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Emergency shelters

Publicly or privately operated facilities in which supervised beds and sleeping spaces are provided for people or families who do not have access to their own permanent, standard, night-time sleeping space.

Emergency Shelter Grant (ESG)

A federal grant from the McKinney Homeless Assistance Act of 1987 specifically to fund emergency shelter operations.

HIV

Human Immunodeficiency Virus: This virus damages the human body's infection fighting cells called T₄ cells. The virus infects T₄ cells. After entry into the T₄ cells, the virus inserts itself into the genes at the heart of the cell. The virus reproduces within the cell and eventually kills the host T₄ cell while having multiplied the number of HIV viruses. As the number of infection fighting T₄ cells are reduced, and the number of HIV viruses increase, the body loses its ability to resist life-threatening infections and cancers.

HOME (HOME Partnership for Investment Program)

HOME is a HUD formula-based grant to states and cities to implement local housing strategies intended to increase home ownership and permanently affordable housing opportunities for low and very low-income households. Eligible uses include tenant based rental assistance, housing rehabilitation and first-time home buyer assistance. HOME funds can be used for site acquisition, site improvements, demolition and relocation. Participating jurisdictions must match HOME funds with non-federal funds in an amount that varies according to the type of activity undertaken.

Homeless

According to the federal definition of a homeless individual, found in the McKinney Homeless Assistance Act,

"...the term 'homeless' or 'homeless individual' includes --

- (1) an individual who lacks a fixed, regular, and adequate nighttime residence; and
- (2) an individual who has a primary nighttime residence that is --
 - (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - (b) an institution that provides a temporary residence for individuals intended to be

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institutionalized; or

(c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings."¹

This definition of "homeless" does not explicitly take into account those homeless people who live doubled up with friends or family, or those homeless individuals who are currently in hospitals or jails, waiting to be released onto the streets without prospect of housing.

It is very difficult to count homeless people with precision. Most homeless experiences are transitory, ending after a few months with assistance and a lucky break, so the actual people who are homeless at any one time changes over time. It is also very difficult to identify all the possible locations they may stay in order to rest, eat and carry on their lives until they find housing once again.

Compounding the difficulty is the mobility of many homeless people. While no firm data are available on mobility rates of the homeless population, Alameda County's 1996 survey of homeless people found that 15 percent of respondents had previously resided outside Alameda County before their experience of homelessness here.²

Hotel and Motel Vouchers

Payments from various public and private sources to hotel and motel proprietors, used to pay for hotel and motel rooms on a temporary or emergency basis for people unable to secure or afford their own housing.

Housing

Building(s) or unit(s) constructed or modified for the purpose of residential use, including a range of types: emergency shelter; transitional housing, single family dwellings, apartments, condominiums, group homes, skilled nursing facilities, board and care and hospice care facilities.

Housing Trust Fund (HTF)

A pool of funds from various sources whose purpose is to provide gap financing for preserving and constructing permanently affordable housing in Berkeley. Sources of funds include development mitigation fees, federal Community Development funds, Berkeley General Fund, and HOME funds. A key priority for HTF assistance is preservation and construction of permanently affordable housing for people with special needs.

Low-Income

Households whose incomes are at or below 50 percent of the median income for the Oakland-Berkeley metropolitan statistical area, as determined by HUD. Currently for a family of four having an income of \$31,650 annually would be considered low-income in the Berkeley-Oakland area. In some income classifications this level (50%) is called "very low income."

Managed Care

Managed care plans changed the way health care providers are paid and combine the

¹Stewart B. McKinney Homeless Assistance Act of 1987, Title I, Section 103, General Definition of Homeless Individual.

²Alameda County Continuum of Care Working Group (ACCCWG), *Alameda County-wide Homeless Continuum of Care Plan*, prepared by the Alameda County Housing and Community Development Program and HomeBase, with assistance from Bay Area Economics, April 1997, pp. 14.

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financing of health care with its delivery. Using a method called "capitation," these plans pay providers on a "fee-per-head" basis. Managed care plans are paid a set amount for each enrollee regardless of the types and amounts of services provided to that person. This directly contrasts with the traditional "fee for service" system in which providers are paid for each service delivered. Capitation means a plan gets the same amount of money for a person they never see as for a very sick person for whom they provide many services.

Unlike traditional insurance, however, managed care combines the roles of insuring against risk and arranging or providing for the actual delivery of medical care. Under the traditional insurance system, there was a clear distinction: providers delivered care and insurance companies paid at least a portion of the charge. Patients perceived that physicians were focused primarily on treating their health needs. Under managed care, providers generally work for or are under contract with the managed care plan, which not only acts as the insurer by bearing risk; but also sets the rules under which care is delivered to patients. Today's managed care patients may perceive that their physician has two clients: the plan and the patient.

Medi-Cal

A state and federal medical assistance program providing health insurance to people with low- or no- income, and real and personal property within the limits established by the program. Medi-Cal is California's Medicaid Program. Medi-Cal is available to certain families or individuals meeting eligibility requirements such as: AFDC; aged 65 or older, disabled/blind; refugee in the country 18 months or less; or children under 21 years of age where no AFDC deprivation exists.

California has established special programs for people with HIV/AIDS. The CARE/HIPP program is part of the State's Ryan White CARE Act private health insurance continuation program. The AIDS Medi-Cal Waiver Program (MCWP) provides home and community-based services to Medi-Cal recipients in lieu of placement in a nursing facility or hospital and in addition to other health care services already available under the regular Medi-Cal program. Availability of MCWP depends upon symptomatic HIV disease/AIDS diagnosis and strict program eligibility requirements.

McKinney Homeless Assistance Act of 1987

Also known as the McKinney Act. Federal law that sets forth policies and programs aimed at making federal resources available to combat homelessness nationwide. The programs created by the McKinney Act include (by federal department):

- Housing and Urban Development (HUD): Supportive Housing Program, Innovative Homeless Initiatives, Shelter Plus Care Program, Section 8 Mod-Rehab for Single Room Occupancy, Emergency Shelter Grants Program, Rural Homelessness Assistance/Safe Havens.
- Health and Human Services (HHS): Health Care for the Homeless Program, Projects for Assistance in Transition from Homelessness, Substance Abuse/Mental Illness Demonstration, Family Support Centers Program, Emergency Community Services Homeless Grant Program.
- Federal Emergency Management Agency: Emergency Food and Shelter Program.
- Labor: Job Training for the Homeless Demonstration Program, Homeless Veterans Reintegration Project.
- Education: Education for Homeless Children and Youth Grant Program, Adult Education for the Homeless Program.
- Veterans Affairs: Health Care for Homeless Veterans Program, Domiciliary Care for Homeless Veterans Program.
- General Services Administration, HHS, HUD, and Defense: Title V Surplus Property Program.

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Moderate Income

Households whose incomes are at or below 80 percent of the median income for the Oakland-Berkeley metropolitan statistical area, as determined by HUD. Currently, a family of four having an income at or below \$50,600 in Berkeley annually would be considered moderate income; however, HUD also caps moderate income at 80 percent of the *national median household income* where high income regions occur, such as the Bay Area; hence, for income qualification purposes, HUD considers East Bay households with incomes at or below \$45,300 annually as having moderate incomes. In some income classifications, this level (80%) is called "low income."

Outreach

The activity of publicizing services and opportunities available from community service agencies to homeless people in the community.

Permanent Affordable Housing

Distinguished from transitional housing and emergency shelter, it is housing in which a person may live in without time limits, subject only to applicable laws and ordinances and the tenant's ability to meet all associated housing costs from current income, or with a housing subsidy, and the cost of which does not exceed 30 percent of the tenant's gross household income.

Poverty Rate

A measure of the percentage of people in a population (for whom their poverty status is determined) at or below the federally established poverty income threshold for a given year. It should be noted that the poverty rate does not indicate whether a person earning a particular income has excessive expenses or not, however.

Primary Benefits for Disabled People

The Social Security Administration offers two programs for people with disabilities: Supplemental Security Income and Social Security Disability insurance (SSDI, sometimes called SSA). Both programs assess one's medical condition to determine disability, defined (for SSI and SSDI as "any medical condition, physical or mental, that prevents or is expected to prevent you from working for at least 12 months."

Section 8 Certificates

HUD funded rental subsidy program. Section 8 certificates allow tenants who meet income guidelines (rent takes up at least 50% of median income) to pay only 30% of their income for renting privately owned apartments that meet Section 8 criteria. There are two kinds of Section 8 certificates: those that are tied to specific units ("project-based"), and those that are the property of a tenant ("tenant-based") which the tenant may transport throughout the United States.

Shelter Plus Care

HUD-sponsored rental housing assistance linked with supportive services that are funded through other federal, state or local resources. The assistance is available to people who are homeless and have disabilities (primarily due to serious mental illness; chronic substance abuse problems or AIDS and related diseases) and their families. The Shelter Plus Care program can provide rental assistance in both group settings and individual units.

Social Security Disability Insurance (SSDI, or SSA)

SSDI is a federal insurance program for people who have a recent work history and whose employers paid Social Security taxes (FICA). SSDI assesses one's employment history and provides monthly payments to people who become disabled and worked long enough and recently enough under Social Security. Benefits are available starting at any age. (If receiving

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SSDI when age 65 is attained, those benefits become retirement benefits, although the amount remains the same). Certain family members can also draw disability benefits based upon the program contributions of a parent or spouse. Eligibility requirements are:

- disabled
- you must have paid into the Social Security system for 5 out of the last 10 years.

SSDI benefits include:

- no fixed amount - benefits depend on how much and how long you paid into the Social Security system.
- Average range is \$550 to \$750 per month
- Current maximum benefit is approximately \$1,100 per month.

Special Needs

A designation grouping subpopulations of homeless or low-income people who have similar problems that inhibit or limit their capacity to earn wage-based income, such as those disabled with mental disabilities, alcohol or other drug abuse problems, the elderly, single women with children, physically disabled people, or youth who may be homeless but not yet of legal working age.

Substandard Housing

Unit does not provide safe and adequate shelter and its present condition endangers the health, safety or well-being of the residents, has one or more critical defects, or has a combination of defects in sufficient number to require considerable repair or building.

Supplemental Security Income (SSI)

SSI is a federal public assistance program that provides monthly income to people who are 65 or older, or blind, or have a disability and real and personal property and monthly income are within limits established by the program. SSI assesses one's current financial (income and assets) and living situation. In most states when you receive SSI, you also receive Medicaid (Medi-Cal). Eligibility requirements include:

- disabled
- assets less than \$2,000
- monthly income less than \$620
- if you own a house, you must reside in it
- if you own a car, it must be worth less than \$4,500

Resources not included in the determination of assets:

- plot or burial funds set aside not exceeding \$1,500, and
- insurance policies valued at \$1,500 or less

SSI benefits include: \$620 per month; \$698 per month if you have no cooking facilities.

Under welfare reform, current and future legal immigrants are permanently banned from SSI, except for refugees and asylees for first five years, veterans, and those who have worked over 10 years in the United States. This may be repealed should Congress enact the recent agreement between President Clinton and congressional leaders to restore benefits to legal immigrants.

Supportive Housing

Housing with supportive services to people who were homeless and to people with disabilities, including AIDS. The supportive services can include a wide range of services including case management. Services can be provided either on or off-site.

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Supportive Services (Support Services)

Supportive Services can include a wide range of services and can include (but are not limited to): grocery shopping, bathing and dressing, meal preparation, mental health care, house cleaning, drug and alcohol abuse treatment and counseling, day care, nutritional services, employment training, and all levels of health care when needed.

Transitional Housing

Transitional housing provides interim housing for people coming from emergency housing/shelters or from mental health or drug treatment programs. Usually, transitional housing tenants wait for a permanent placement and may remain in transitional housing for several weeks, months or even as long as a year. Some transitional housing programs offer a combination of case management services, emotional and practical support and rehabilitation and training programs.

Welfare Reform

See Appendix 1, City of Berkeley, *Homelessness in Berkeley*, June 1997. In essence, the Welfare Reform Act adopted in 1996 ends entitlements to income support payments, puts in place a system that requires people receiving welfare to find work by limiting their access to income supports. Welfare reform also turns over implementation of these changes and restrictions to the 50 states.

Sources: *Breaking New Ground*, Donald Chamberlain and Betsy Lieberman, published by AIDS Housing of Washington, 1993; San Francisco AIDS Housing Plan, October 1994; and *Public Housing: A Guide for AIDS Service Organizations, Caseworkers and AIDS Advocates*, published by AIDS Housing of Washington, Seattle Housing Authority and LIFEbeat, February 1995; Interagency Council on the Homeless, *Priority Home! The Federal Plan to Break the Cycle of Homelessness*, 1994; City of Berkeley, *Homelessness in Berkeley*, June 1997; and Ruth Finkelstein, Cathy Hurwit, and Richard Kirsch, *Managed Care Consumers' Bill of Rights: A Health Policy Guide for Consumer Advocates*, The Public Policy and Education Fund of New York, October 1995.

APPENDIX 2

GAPS ANALYSIS

Planning improvements to the Homeless Continuum of Care means identifying gaps between the social needs existing among homeless people for affordable housing and support services, and the inventory of housing and services available in the community to address their needs. This chapter provides a quantitative gaps analysis of housing resources and a qualitative analysis of gaps in continuum of care services.

A. Gaps in the Housing Continuum

Table A2-1 presents a summary of gaps in housing resources in Berkeley's housing continuum. The "housing continuum" refers to the housing component of the overall Continuum of Care, comprising emergency shelter, transitional housing, and permanent supported housing (see Figure 1, above). This analysis compares the estimated annual need for housing resources by homeless individuals and families with estimates of the available inventory of appropriate housing in Berkeley.¹ The analysis is intended to help inform priority setting by stating the housing need based on those who are homeless.²

The emergency shelter component of the housing continuum in Berkeley has the smallest unmet need (about 100 beds) when compared with transitional housing and permanent housing resources. The estimated gap for transitional housing is about 800 beds. For permanent supported housing the estimated gap is about 1,000 units. Of course, the estimated investment to meet needs is well beyond current financial resources now available to homeless housing and services in Berkeley and Alameda County. This reflects less a lack of need for emergency shelter than a bottleneck in the ability of shelter providers to place homeless people in affordable housing. This is confirmed by the much larger gaps identified for both transitional housing programs and permanent supportive housing resources in the community as a whole.

Given these gaps in Berkeley's ability to meet housing needs of its homeless people, the Plan recommends that a higher priority be placed on creating additional transitional, and permanent supported housing units in Berkeley during the Plan's five-year horizon.

¹See Appendix 3 of this Plan for the methodology applied to create Table 1.

²The City's Housing Element will address the larger permanent affordable housing gaps of poor households who are housed, but may be at risk of homelessness. Of course, some homeless people just need affordable housing appropriate to independent, self-sufficient households. Chapter V, Section C, Housing, below, assumes a continuing need for private affordable as well as publicly subsidized units, and recommends a number of strategies that would help to increase the supply of affordable units in Berkeley and Alameda County.

APPENDIX 2: GAPS ANALYSIS

Table A2-1
GAPS ANALYSIS FOR HOUSING CONTINUUM

Continuum Category	Estimated Need ¹	Estimated Inventory ²	Unmet Need/Gap ³
INDIVIDUALS			
Emergency Shelter	237	145	92
Transitional Housing	684	83	601
Permanent Housing	1,036	215	821
Total	1,957	443	1,514
PEOPLE IN FAMILIES WITH CHILDREN			
Emergency Shelter	59	55	4
Transitional Housing	249	46	203
Permanent Housing	207	37	170
Total	515	138	377

Source: City of Berkeley Housing Department.

¹Among estimated homeless population over one year's time.

²Dedicated or targeted housing that can be provided or contracted for by the City of Berkeley annually with housing providers, time-limited for transitional housing.

³For receiving any new funding resources or reprioritized existing resources.

Underscoring this recommendation is the fact that no new transitional housing has been built or obtained in Berkeley since the early 1990s when the transitional units at the Dwight Way Women's Shelter (10 SRO units) was completed by Resources for Community Development (RCD) for the Berkeley Emergency Food and Housing Project (BEFHP).³ The City's later investment in permanent supported housing was a Housing Trust Fund loan to RCD to develop Erna P. Harris Court (the former Bel Air Motel site at 1330 University Avenue), which opened in June 1995. Vacancy rates at all of the City's subsidized rental housing developments are low and waiting lists are long.

While a relatively small percentage of Berkeley's homeless population, homeless youths are not yet served well in Berkeley. While a small number of transitional housing beds and services are available to youths facing homelessness, the City's shelters do not serve homeless young people over age 13, and there are few organized day respite or drop-in centers serving homeless youths.

Homeless seniors are another group that is as yet not well served by the Berkeley homeless continuum of care. As with homeless youths, seniors are vulnerable to

³BEFHP has recently proposed to add 12 to 16 beds to their facility on Dwight Way by adding a third story to the building.

crimes against their persons or their belongings, and many refuse to use existing adult shelters, preferring other arrangements they piece together.

Many homeless people in Berkeley are mentally disabled and receive either free or low-cost mental health services here. Housing is critical to their ability to stay as close to social and therapy regimens as they can. Staying housed is one of their challenges and the shortages of transitional and permanent supported housing are a significant gap for this group of people.

B. Gaps in the Services Continuum

Homeless people have diverse needs. A wide variety of services arose to meet their needs, ranging from primary health care, mental health and substance abuse treatment, to job training services. When looked at this way, the "gaps problem" involves determining how many enrollment slots exist for each type of service versus how many are needed. A gap exists where there are fewer slots than the social needs requiring them.

Obtaining quantitative information on the gaps in support services is relatively difficult. A specific number of mental health clinicians, for example, may provide counseling and other mental health services to a number of clients; but the intensity of services to each individual client may vary widely: one may need two visits in a year, while another may have weekly counseling sessions and regular medication. The same kind of variations exist in almost every other type of support services now available in Berkeley.

As a way of addressing the question, "what are Berkeley's gaps in support services?" the City undertook two surveys in 1996, one of users of homeless services, the other of service providers. The two surveys provided some useful qualitative information on gaps in services.⁴

At the conclusion of the City's 1996 survey of homeless service users, respondents were asked "what would have prevented you from becoming homeless?". In addition, the survey asked, "what do you think could get you out of the situation you're in now?" The purpose of this question was to identify tendencies in their experiences that may suggest important strategies on which the City should focus its use of homeless continuum of care funds.

Table A2-2 presents the frequency and range of answers given by homeless people. In identifying what would have prevented the respondents' homelessness, the top tier of answers were related to jobs, housing and "more money." These answers, far and

⁴These surveys appear as Appendix 4 (Service Users) and Appendix 5 (Service Providers) at the end of this Plan.

away, were the most common. In ending their homelessness, respondents similarly felt that jobs, housing they could afford, and more income would get them out of the homeless situation they currently face.

Table A2-2
Homeless People's Service-Related Responses
to Questions About Preventing and Ending Homelessness

What would have prevented you from becoming homeless?		What do you think could get you out of the situation you're in now?	
1. Having a good paying job - 44	4. Mental disability/ counseling - 12	1. Job - 60	4. Health care/ services - 9
2. Affordable rents/housing - 36	5. Settling down/acting responsibly - 8	2. Affordable housing - 47	5. Self-motivation/self-help - 8
3. More money - 25	6. Stop using drugs/alcohol - 7	3. More money - 36	6. Mental health care - 6

Source: Homeless Service Users' Survey, February 1997.

The second tier of answers reveals a more complicated situation for some homeless people. To prevent homelessness, it appears that programs addressing mental illness and alcohol and drug treatment may have helped some people avoid becoming homeless. For others in this tier, some form of "life skills training" that addressed family coping skills, and/or money management, as well as maintenance of ties with family and friends (and probably employers) may have helped prevent some cases of homelessness.

A qualitative summary of gaps in services (including health care) other than housing and shelter is presented here.

Eviction Prevention

The City of Berkeley believes that 7,700 non-student tenant households in Berkeley are eligible for housing assistance, but only 2,760 households currently receive some form of government housing assistance (apart from the mortgage interest deduction). Nearly two-thirds of these eligible non-student households, about 4,900, are not directly assisted by the government.⁵

Direct rental assistance programs prevent evictions by directly subsidizing a tenant's

⁵City of Berkeley Community Development Department, *Consolidated Plan for Housing and Community Development, July 1, 1995 to June 30, 2000*, July 1, 1995, p. I-14. Assuming that average household size in Berkeley (from the California Department of Finance) is about 2.1 people, these household figures translate into about 16,170 non-student residents who are of low or very low income status, and only about 5,800 of whom actually receive some form of assistance. Nearly 10,300 people (non-students) are believed to be eligible, but receive no form of government assistance.

rent payment. Currently, the City operates its Section 8 program (1,400 units in Berkeley), a Shelter Plus Care Program (about 140 units), and a small rental assistance program for low-income disabled people with HIV/AIDS (about 25 units). There are no emergency eviction prevention funds currently available to low-income people at risk of homelessness in Berkeley, although the City Council earmarked \$110,000 from the Housing Trust Fund for a homelessness prevention fund in Fiscal Year 1997-98.

Employment, Training and Income

The incomes of poor households have not kept pace with the cost of living for the past two decades.⁶ As a result, poor people have greater difficulties remaining housed. Structural conditions in the Bay Area labor market have reduced the number of good-paying but relatively low-skill job opportunities.⁷ Cuts to income supports have significantly reduced the purchasing power of welfare benefits, making it harder for welfare recipients to pay rent or buy food. Welfare reform also increases the number of individuals competing for job training and placement slots as many recipients face eventual cut-off of their benefits.

Support Services

- *Basic Needs*

Service users report a relatively low rate of use of personal care services (such as haircuts, showers, mail and phone services, etc., probably due to a lack of available supply.⁸

- *Child Care*

With the end of welfare benefits looming, there is a great need among parents making the transition from welfare to work for subsidized child care slots.⁹ There are a large number of available slots in child care services in Berkeley, but almost none available at affordable rates to very low-income families.¹⁰ In addition people exiting welfare rolls receive higher preference by Alameda County for child care subsidies than do homeless people.

⁶See *Homelessness in Berkeley*, pp. 2-9, for an analysis of trends in incomes, employment, and housing affordability in Berkeley over the last two decades.

⁷*Ibid.*, pp. 2-4.

⁸See Appendix 3, below.

⁹See Chapter V, Section E, Support Services, Child Care subsection.

¹⁰Marianne Graham, Senior Management Analyst, City of Berkeley Housing Department, personal communication, September 4, 1997.

- *Case Management*

Service providers using case managers report having a very high ratio of clients to case managers.¹¹ This situation creates bottlenecks in the allocation of available services to homeless people, and in the coordination between agencies in the overall continuum of care.

- *Life Skills and Counseling*

Service providers also report a need to educate many (though not all) homeless people about social skills they may have forgotten or never learned (for example, how to be a worker, a tenant, or a parent). Without these skills, job and housing retention may be sacrificed to a person's inability to defuse or prevent interpersonal conflict.

Health Care

- *Primary Care*

Probably the most fundamental gap in health care is the fact that the American system of employer-based health care insurance does not cover many low-income and unemployed (including homeless) people. Barriers to access further hinder low-income and homeless people from obtaining health care until their problems reach an acute or emergency stage.

- *Public Health*

The City of Berkeley formally dedicates only 10 percent of one public health nurse at this time to follow up on the health needs of an estimated 1,000 homeless people in Berkeley (at any one time), many of whom are fighting communicable diseases such as HIV/AIDS, tuberculosis, etc.

- *Alcohol and Other Drug Abuse*

A high proportion (43 percent) of Berkeley's homeless are believed to have alcohol and/or other drug abuse disabilities. There are few detoxification and residential treatment programs available in Alameda County to serve those who wish to end their addictions, and only one such program in Berkeley.

¹¹See Appendix 4, below.

APPENDIX 3

METHODOLOGY FOR HOUSING GAPS ANALYSIS

This appendix outlines the methodology used to create Table 1 in Chapter 3, the Gaps Analysis. The methodology seeks to provide an annual estimate of gaps in housing resources available to homeless people in Berkeley. This methodology is modeled closely on methods of estimation used by Alameda County in its 1997 Supportive Housing Grant application to HUD. It is based on homeless population estimates contained in the City of Berkeley Interdepartmental Team report, *Homelessness in Berkeley*.

Estimates of Need

The primary assumptions of the analysis are:

- 3,600 people are homeless annually in Berkeley. This estimate represents the high end of a homeless population ranging from 3,000 to 3,600.
- 80 percent of the population are single individuals, and 20 percent are people in families. These estimates are based loosely, first on anecdotal information that single individuals comprise a much larger share of Berkeley's homeless population than do families; and second, on the City's *Consolidated Plan for Housing and Community Development*, provided to the U.S. Department of Housing and Urban Development. Based on these assumptions, the gaps analysis uses figures of 2,880 for individuals and 720 people in families as the basis for estimates of need.

The analysis further assumes that:

- people stay in shelters no more than 30 days at a time;
- people stay no longer than 9 months in transitional housing on average;
- there are no more 12.2 shelter cycles (30 day periods in which a person may continuously use a bed each night) during a year (based on 365 days per year divided by 30 days per shelter occupancy);
- one-third (33.3 percent) of individual shelter occupants need transitional housing; and
- one-half of all families in shelters need transitional housing.

The estimate of need for Emergency Shelter beds is calculated by dividing the population figures (2,880 individuals, 720 people in families) by the number of shelter cycles per year (equals 237 individuals, 59 people in families). The calculation is:

$(2,880 / 12.17 \text{ cycles}) = 237 \text{ individuals needing shelter beds.}$

$(720 / 12.17 \text{ cycles}) = 59 \text{ people in families needing shelter beds.}$

APPENDIX 3: Methodology for Gaps Analysis

The estimate of need for transitional housing beds is calculated by subtracting the number of people in shelters from the homeless population, dividing that figure by 3 (one-third of the homeless individuals needing transitional housing) and multiplying by 75 percent (assuming an average stay of 9 months in transitional housing):

$(2,880 - 145 \text{ shelter beds for individuals}) / 3 * 75\% = 684 \text{ individuals needing transitional housing.}$

The calculation for families needing transitional housing is:

$(720 - 55 \text{ shelter beds for people in families}) / 2 * 75\% = 249 \text{ people in families.}$

The estimate of people needing permanent supported housing (units enriched with services which are not time-limited as to occupancy) is derived from the point-in-time estimates of special needs populations. For Berkeley, these estimates are found in the City's report *Homelessness in Berkeley*, Table 9, p. 23. The method assumes a worst-case scenario of point-in-time need for permanent supported housing to as a proxy for an estimate of annual need for such housing. The method is worst-case because it assumes that the incidence of each special need in the population equates to one individual. While not true, the estimate it yields approximates the magnitude of special needs in the Berkeley homeless population *annually* in need of supportive housing. In Alameda County, the method produces an estimate that 46 percent (20,761/45,000 total * 100%) of the homeless population needs permanent supported housing. For Berkeley, this estimate is 43 percent (1,572/3,600 people total).

This analysis, it must be emphasized, is limited to housing need among the homeless population in Berkeley. The housing needs of poor people who are at risk of homelessness are addressed in the goals and policies of the City's Housing Element of the General Plan, and the City's *Consolidated Plan for Community Development*.

Estimated Inventory of Homeless Housing

The inventory of housing resources used in the Gaps Analysis in Chapter III, emphasizes those targeting homeless people directly though perhaps not exclusively. These include programs such as emergency shelter and transitional housing beds, Shelter Plus Care certificates, the City's HIV/AIDS Housing Assistance Program (HHAP, which assists homeless people with AIDS to obtain housing and receiving a small monthly rent subsidy), and permanent housing with on-site services. The data on these programs are contained in Appendix 3 of *Homelessness in Berkeley*.

The allocation of shelter beds to individuals versus people in families was done as follows:

- Harrison House (25 male singles, 25 female singles, and 20 people in families)
- Dwight Way Shelter (25 singles, 15 people in families)

APPENDIX 3: Methodology for Gaps Analysis

- Women's Refuge (10 singles, 20 people in families); and
- MASC/Men's Shelter (60 singles beds).

The allocation of transitional housing beds to individuals versus people in families was done as follows:

- Singles: 83 beds among Dwight Way SRO, 2942 MLK, 1621 Ashby Avenue, Berkeley Ecumenical Chaplaincy for the Homeless, 9th Street (BOSS), and Bonita House sites.
- People in families: 46 beds among McKinley Avenue (BOSS), and the Women's Refuge.

Permanent supported housing units allocated from among HHAP, Shelter Plus Care, UA Homes, and Erna Harris Court, for a total of 252 permanent housing units targetting homeless people with special needs.

Estimated Gap

Simply, the unmet need or gap is found by subtracting the housing inventory from the estimated need.

City of Berkeley

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MEMORANDUM

February 5, 1997

TO: Independent Task Force on Homelessness

FROM: Eric Landes-Brenman, Secretary *E-L-B*

BY: Tim Stroshane, Associate Planner, Planning and Development *TS*
Department

SUBJECT: RESULTS OF HOMELESS SERVICE USERS' SURVEY

Introduction

The City of Berkeley undertook a survey of users of homeless services between September 24 and October 23, 1996, at a number of service sites throughout Berkeley. The purpose of the survey was to gather information on the overall satisfaction of people using the services, their patterns of service usage, learn reasons people were homeless, their sources of income, and their travel patterns. In addition, the survey also asked respondents what services might have prevented their becoming homeless and what services would help them get out of their situation.

Discussion of Results

Responses

The survey did not draw from a random sample of homeless people in Berkeley. Rather it is a survey of people contacted at specific service provider sites in Berkeley in addition to those contacted by the Homeless Outreach Team in People's Park and on Telegraph Avenue. Responses were anonymous. The only identifier for each individual response is the date the survey was administered, which corresponds to specific locations tracked as survey responses were returned to staff by survey takers.

There were 211 total responses to the survey. Only 198 respondents answered "no" to the question whether they had filled out the survey before. Of these, 18 did not reveal their sex. Two-thirds of the respondents were men and the remainder identified as women.



No questions were asked concerning the prevalence of children, but staff observed at the time surveys were given out that there were a small number of families contacted at both the Dwight Way Shelter, the Women's Daytime Drop-In Center (both exclusively for women and their children) and the Harrison House emergency shelter.

Currently Homeless

For purposes of this survey, those answering surveys who resided in transitional housing developments, such as Erna P. Harris Court or U.A. Homes on University Avenue were homeless; the rationale is that they are not permanently housed at this time. Of the 198 usable (that is, apparently unduplicated) responses to the survey, 170 reported they were homeless.

The most common reasons for being homeless were an inability to pay rent (48 responses) and the loss of a job (44).¹ A second tier of reasons expressed included family break-up and "lack of family or friends' support". A third tier of reasons centered on what are commonly known as the "special needs" categories: those with mental illness, medical problems, people (usually women) facing domestic violence, and alcohol or other drug abuse. Money management problems were also identified in this third tier of reasons for homelessness in the Berkeley survey, along with the end of a temporary living situation.

Duration of Homelessness

The survey asked "when did you most recently become homeless?" in hopes that respondents would better remember the date they last became homeless, rather than *how long* they had been homeless. By asking them only for a date of onset of homelessness, we calculated how long they had been homeless. If only a month and year was reported, the 15th of that month was assumed as the date of onset of homelessness. That way any statistical error that might occur in the sample would be a systematic error with respect to a consistent benchmark.

This approach proved rather successful as about 60 percent of respondents supplied a usable answer to the question. Just under two-thirds of those responding were men, the rest women. Only the answers of those respondents classified as homeless are analyzed here. The experiences of those not classified as homeless at the time of the survey were not included in the results.

The average reported length of homelessness among those surveyed was 2.37 years (about 865 days, or about 28 and 3/4 months). For women the average duration of homelessness was 1.94 years (about 708 days or about 23½ months), as compared with 2.61 years (about 953 days or about 31 and 3/4 months) for men.

The median duration of homelessness is probably a better indicator of the overall

¹Survey respondents were allowed to choose more than one reason to explain their homelessness.

pattern. The average duration includes people who may be chronically and long-term without a permanent and sheltered address. Someone who reports they have been homeless for 5 years or more will help to bias the average measure upward.

By contrast, the median value for the duration of homeless measures the length of time reported for which one-half of all the reported values are lower, and the other half are higher. Consequently, the median length of homelessness among the respondents was about 11 months, with a median duration of 4 months for women and 15 months reported for men.

Frequency of Homelessness

Nearly three-quarters of the respondents provided an estimate of the number of times they have been homeless. The median number of times homeless was 2, for all respondents, women, and men.

Patterns of Service Usage

Because the survey sought information about how the users of homeless services used available services, the responses of all respondents were included (198 homeless and non-homeless respondents). Questions in this part of the survey were framed in order to provide staff with a "snapshot" of service usage among those responding to the survey. It asked "in the last seven days" what Berkeley services were used, as well as what services the respondent used in other cities. They were invited to check as many listed services as applied to their case, so the results represent an overall frequency of service usage.

Concerning Berkeley services, food and hot meals was the dominant service used by survey respondents (138). A second tier of services identified most frequently were shelter and drop-in/respice services (between 84 and 92 responses). The third tier of somewhat less frequently used services included health care, job help, the City's social services transport, showers (for example the showers at the MASC). Section 8 housing was reported in this tier of answers (40 to 60 responses); however, this frequency of response is probably an artifact of the Berkeley Housing Authority opening up applications for the Section 8 waiting list in Berkeley for the first time in many years, and is not an actual reporting of the number of respondents who have obtained Section 8 certificates or vouchers.

The lowest tier of responses (less than 20 to zero responses) included alcohol and drug rehab, storage, domestic violence, transitional housing, police and fire services, and Shelter Plus Care rental assistance.

For respondents using services in other cities, food and hot meals were the most frequent service used. Drop-in/respice, shelter, health care and showers formed the second tier of most frequent service usage in other areas. The least frequently used services in other cities by Berkeley survey respondents included alcohol and drug rehab, storage, Section 8 housing, domestic violence, job help, transitional housing,

and Shelter Plus Care rental assistance.

Rating Berkeley's Services

Overall, Berkeley's services earned a "good" rating from those surveyed at Berkeley service sites. Most respondents felt that they received help *quickly* from Berkeley programs; that they *got the help they felt they needed* from Berkeley programs; and that they were *treated with respect* by the staff of Berkeley programs.

Source(s) of Income in the Last 30 Days

Among only homeless respondents responding to the survey, the primary sources of income were general assistance and food stamps. SSI was the next most common form of income assistance, followed by Social Security, income from a job, and panhandling or vouchers.

Mode of Travel

The survey asked for a snapshot of how survey respondents traveled around Berkeley. Among only homeless respondents, by far and away the most frequent modes of travel were walking and some form of transit (mainly AC Transit buses). Many respondents used BART as well as the City of Berkeley's Social Services Transport (SST). A nearly equal number of homeless respondents used either cash (63) or monthly (fast) passes (62) to pay for their rides on transit.

Preventing and Ending Homelessness

At the conclusion, the survey asked "what would have prevented you from becoming homeless?". In addition, the survey asked, "what do you think could get you out of the situation you're in now?" The purpose of this question was to begin identifying tendencies in their experiences that may suggest important strategies for the City to adopt in order to prioritize its use of homeless funds.

The summary in Attachment 1 reports the ten most frequent answers to these two questions. These answers are also graphically illustrated in Attachments 2a and 2b.

In identifying what would have prevented the respondents' homelessness, the top tier of answers were related to jobs, housing and "more money". These answers, far and away were the most common. In ending their homelessness, respondents similarly felt that jobs, housing and more income would get them out of the homeless situation they currently face.

The second tier of answers reveals a more complicated situation for some people who are homeless. To prevent homelessness, it appears that programs addressing mental illness and alcohol and drug treatment may have helped some people avoid becoming homeless. For others in this tier, some form of "life skills training" that addressed family coping skills, and/or money management, as well as maintenance

of ties with family and friends may have helped prevent a few cases of homelessness.

It is even more evident from the homeless people responding to this survey that the provision of more jobs, more housing and higher incomes would help end their homelessness.

Conducting the Survey

Staff assumed that the survey should be as brief and direct as possible so that people responding to the survey did not have to face complicated question formats. Almost no demographic data were sought in the survey (e.g., identifiers of race, ethnicity, age, or family status). These data are available from other sources. The actual survey instrument is reproduced in Attachment 3.

Staff provided respondents with a file folder containing a blank survey form, a pad of lined paper, and a ballpoint pen. When respondents completed their surveys they were told they could keep the other materials handed out for future use. We found that having something to give back in exchange for their time spent answering our questions increased their good will toward the survey effort.

In addition, staff received assistance in developing questions for the survey instrument from intern Noelle Blick and volunteers Terri Dunn of the BOSS Community Organizing Team, and Loren Jones of Catholic Charities' AIDS in Prison Project.

Survey Sites

Staff and a few volunteers teamed up to administer the survey. Responses were sought in the following ways:

- Dates were chosen which reflected the likelihood of a good turnout of the target population. In particular, several sites were visited in the last week before September 30th. No surveys were administered between October 1 and October 7, 1996. Sites were visited after October 7th because people would have received various welfare or SSI checks and would be returning to provider sites for services when they had paid rent or purchased other necessities.
- Staff sought to fit the survey into existing community meetings at housing and shelter sites, rather than call a special meeting for which a low turnout would be expected.

Sites visited for taking surveys were:

- Women's Day-Time Drop-In Center on Acton Street
- Berkeley Drop-In Center, on Adeline Street
- Harrison House emergency shelter, 711 Harrison Street

- Erna P. Harris Court, 1330 University Avenue
- U.A. Homes, 1040 University Avenue
- People's Park and willing respondents along Telegraph Avenue
- Trinity Church's Quarter Meal
- Women's Shelter at 2140 Dwight Way
- Men's Shelter at the Multi-Agency Service Center (MASC) at 1931 Center Street.

Attachments

Ref:g:\advplan\homeless\contcare\taskforc\srsummr.mem

Attachment 1

Summary Results of the Survey of People Using Services for Homeless People

To try and serve you better, the City of Berkeley and its service providers want to ask you some questions about your situation. We do not ask your name or anything that identifies who you are.

Total Responses 211

Have you filled out this survey before? No (198) Yes If yes, you can stop now.

Are you: Female (56) Male (114)

Are you homeless? No (28) Yes (170) If yes, check your reason(s):

Total (unconfirmed) unduplicated responses: 170

20 Eviction for non-financial reasons
(Please state:_____)

13 Escaping domestic violence

32 Family break-up

0 Earthquake destroyed my home

0 Fire/other disaster destroyed my home

48 Unable to pay rent

0 Discharge from an institution
(Please describe:_____)

19 Temporary living situation ended
XX Couldn't maintain my income or stay housed due to:

44 job loss

23 mental illness

14 medical problems or med costs

21 alcohol or other drug use

21 money management problems

7 Lost housing due to incarceration

28 Lack of family or friends' support

Measure	When did you most recently become homeless?			How many times have you been homeless?		
	N=127 All Respondents	N=44 Women	N=83 Men	N=153 All Respondents	N=51 Women	N=102 Men
Average	2.37 years	1.94 years	2.61 years	2.4 times	2.0 times	2.7 times
Median	0.94 years (≈ 11 months)	0.33 years (≈ 4 months)	1.24 years (≈ 15 months)	2.0 times	2.0 times	2.0 times

In the last seven days, what Berkeley services have you used? (check as many as apply)

(homeless and non-homeless respondents)

138 Food/Hot Meals

44 Health Care

12 Alcohol/Drug Rehab

84 Drop-in Center/Respite

14 Storage

53 Social Services Transport

12 Police assistance

41 Section 8/Permanent Housing

92 Shelter

3 Domestic Violence

59 Showers

45 Job Help

16 Transitional Housing

16 Shelter Plus Care rental assistance

6 Fire/Emergency assistance

In the last seven days, what services have you used in other cities? (check as many as apply)

(homeless and non-homeless respondents)

62 Food/Hot Meals

20 Health Care

8 Alcohol/Drug Rehab

32 Drop-in Center/Respite

5 Storage

4 Section 8/Permanent Housing

38 Shelter

2 Domestic Violence

23 Showers

15 Job Help

5 Transitional Housing

13 Shelter Plus Care rental assistance

How would you rate Berkeley community services?	All	Men	Women
N =	174	117	57
√ with how quickly you received help from Berkeley programs?	1.9	1.9	1.9
√ that you got the help you needed from Berkeley programs?	2.1	2.1	2.1
√ that you were treated with respect by the staff?	2.0	2.0	1.9
√ overall with the services you have used?	1.9	2.0	1.9
1 = Excellent, 2 = Good, 3 = Fair, 4 = Poor			

t

Source(s) of Income in the last 30 days:

(homeless only)

<u>21</u> Earned Income (Job)	<u>3</u> VA Pension
<u>23</u> Social Security	<u>3</u> Retirement
<u>36</u> SSI	<u>0</u> Vocational Program
<u>11</u> AFDC	<u>11</u> Relative/Spouse/Friend contribution
<u>41</u> General Assistance (GA)	<u>3</u> Alimony/Child Support
<u>3</u> Unemployment Compensation/SDI	<u>19</u> Panhandling/Vouchers
<u>46</u> Food Stamps	<u>7</u> Selling cans
	<u>11</u> Other sources of income_____

In the last 7 days, how did you mostly get around? (Check two answers only.)

(homeless only)

<u>126</u> Walked	<u>6</u> Drove my own car
<u>105</u> Caught the bus	<u>46</u> Rode BART
<u>4</u> Used taxi scrip	<u>1</u> Used a wheelchair/other mobility device
<u>14</u> Got a ride from friend or family	<u>30</u> Social Services Transport
<u>1</u> Rode Bike	

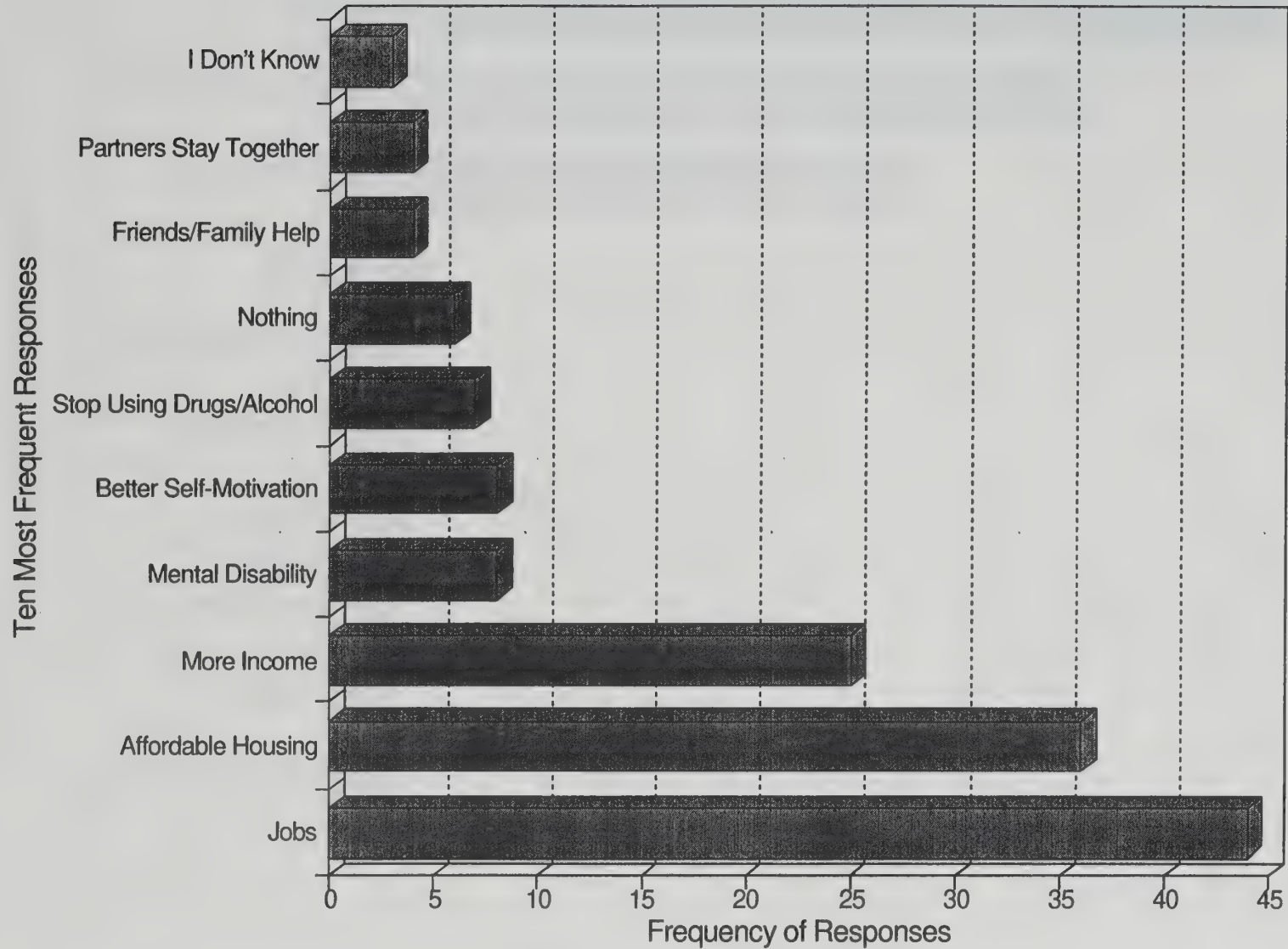
How did you pay for the fare for your last ride on transit? Cash Scrip Fast Pass

(homeless only)

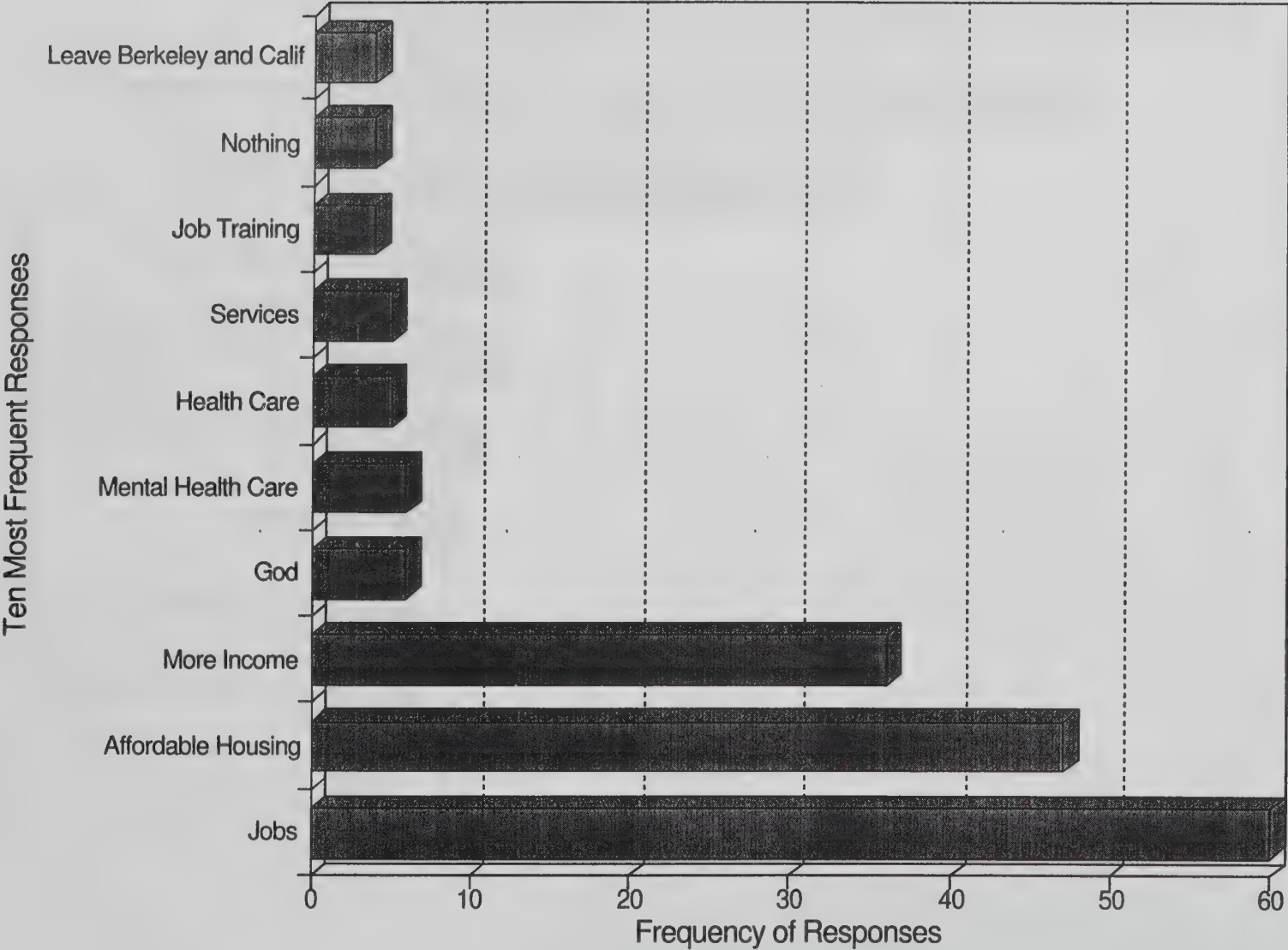
63 13 62

What would have prevented you from becoming homeless? Top 10 answers:		What do you think could get you out of the situation you're in now? Top ten answers:	
1. Having a good paying job - 44	6. Stop using drugs/alcohol - 7	1. Job - 60	6. Mental health care - 6
2. Affordable rents/housing - 36	7. Nothing - 6	2. Affordable housing - 47	6. God - 6
3. More money - 25	8. Stay married/avoid break-up/counseling - 4	3. More money - 36	8. Training - 5
4. Mental disability - 8	8. Help from family or friends - 4	4. Health care/services - 9	8. Nothing - 5
4. Settling down/acting responsibly - 8	10. I don't know - 3	5. Self-motivation/self-help - 8	10. Leave Berkeley or California - 4

What would have prevented your becoming homeless?



What would get you out of your homeless situation?



Survey

To try and serve you better, the City of Berkeley and its service providers want to ask you some questions about your situation. We do not ask your name or anything that identifies who you are.

Have you filled out this survey before? **No** **Yes** If yes, you can stop now.

Are you: **Female** **Male**
Are you homeless? **No** **Yes** If yes, check your reason(s) why:

____ Eviction for non-financial reasons
(Please state: _____)

____ Escaping domestic violence
____ Family break-up
____ Earthquake destroyed my home
____ Fire/other disaster destroyed my home
____ Unable to pay rent
____ Discharge from an institution
(Please describe: _____)

____ Temporary living situation ended
____ Couldn't maintain my income or stay housed due to:

____ job loss
____ mental illness
____ medical problems or med costs
____ alcohol or other drug use
____ money management problems
____ Lost housing due to incarceration
____ Lack of family or friends' support

When did you most recently become homeless? _____

How many times have you been homeless? _____

In the last seven days, what Berkeley services have you used? (check as many as apply)

____ Food/Hot Meals
____ Health Care
____ Alcohol/Drug Rehab
____ Drop-in Center/Respite
____ Storage
____ Social Services Transport
____ Police assistance

____ Section 8/Permanent Housing
____ Shelter
____ Domestic Violence
____ Showers
____ Job Help
____ Transitional Housing
____ Shelter Plus Care rental assistance
____ Fire/Emergency assistance

In the last seven days, what services have you used in other cities? (check as many as apply)

____ Food/Hot Meals
____ Health Care
____ Alcohol/Drug Rehab
____ Drop-in Center/Respite
____ Storage
____ Section 8/Permanent Housing

____ Shelter
____ Domestic Violence
____ Showers
____ Job Help
____ Transitional Housing
____ Shelter Plus Care rental assistance

Do you use services more in Berkeley or more elsewhere? (circle one) **Berkeley** **Elsewhere**

How long were you allowed to use certain service(s) you checked off in any location (such as transitional housing, employment training, or alcohol/drug rehabilitation)? _____

Interview Date _____

OVER, PLEASE

How would you rate Berkeley community services?	Excellent	Good	Fair	Poor
√ with how quickly you received help from Berkeley programs?	_____	_____	_____	_____
√ that you got the help you needed from Berkeley programs?	_____	_____	_____	_____
√ that you were treated with respect by the staff?	_____	_____	_____	_____
√ overall with the services you have used?	_____	_____	_____	_____

Source(s) of Income in the last 30 days:

- | | |
|--|--|
| <input type="checkbox"/> Earned Income (Job) | <input type="checkbox"/> VA Pension |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Vocational Program |
| <input type="checkbox"/> AFDC | <input type="checkbox"/> Relative/Spouse/Friend contribution |
| <input type="checkbox"/> General Assistance (GA) | <input type="checkbox"/> Alimony/Child Support |
| <input type="checkbox"/> Unemployment Compensation/SDI | <input type="checkbox"/> Panhandling/Vouchers |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Selling cans |
| | <input type="checkbox"/> Other sources of income _____ |

In the last 7 days, how did you mostly get around? (Check two answers only.)

- | | |
|---|--|
| <input type="checkbox"/> Walked | <input type="checkbox"/> Drove my own car |
| <input type="checkbox"/> Caught the bus | <input type="checkbox"/> Rode BART |
| <input type="checkbox"/> Used taxi scrip | <input type="checkbox"/> Used a wheelchair/other mobility device |
| <input type="checkbox"/> Got a ride from friend or family | <input type="checkbox"/> Social Services Transport |

How did you pay for the fare for your last ride on transit? **Cash** **Scrip** **Fast Pass**

What would have prevented you from becoming homeless?

What do you think could get you out of the situation you're in now?

City of Berkeley

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MEMORANDUM

March 5, 1997

TO: Independent Task Force on Homelessness

FROM: Eric Landes-Brenman, Secretary 

BY: Tim Strohane, Associate Planner, Planning and Development
Department

SUBJECT: RESULTS OF HOMELESS SERVICE PROVIDERS' SURVEY,
NOVEMBER 1996

Introduction

The City of Berkeley undertook a survey of providers of homeless services at a meeting with about 40 representatives of community service agencies and housing providers on November 18, 1996, at the Veterans Memorial Building. The results of the survey are summarized in Attachment 1 of this report. Previously, staff gathered data on Berkeley's homeless services provided by community agencies by first conducting a survey of homeless service users between late September and late October of 1996.

The purpose of the survey of service providers was to obtain information on their perceptions of changes in the nature of the problems homeless people in Berkeley have, of what limitations exist on providing services, and of what new or expanded services should be offered. Such information is particularly relevant to the development of policy priorities for the Berkeley Homeless Continuum of Care Plan.

Discussion of Results

Characteristics of Responding Agencies

Table 1 presents a summary of agencies whose representatives at the November 18, 1996, meeting filled out the survey form. Among them are represented three public agencies and 31 non-profit organizations providing services to homeless people in



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Table 1
Agencies Responding to the Providers Survey

AIDS in Prison Project/Catholic Charities of the East Bay
Adelante, Inc.
Affordable Housing Associates
Building Opportunities for Self-Sufficiency (BOSS)
Berkeley Adult School
Berkeley Community Health Project
Berkeley Drop-In Center
Berkeley Ecumenical Chaplaincy to the Homeless
Berkeley Emergency Food & Housing Project
Berkeley Gray Panthers
Berkeley Primary Care Access
Berkeley Youth Alternatives
Bonita House, Inc.
Center for Independent Living
City of Berkeley Mental Health Division
ECHO/Project Share
Homeless Action Center
Housing Rights, Inc.
Japanese American Services of the East Bay
Jobs for Homeless Consortium
New Bridge Foundation
Resources for Community Development
Sick Child Care Program
South Berkeley Community Church
St. John's Child Care
St. Mark's Episcopal Church
Tenant Action Project
U.A. Housing
Women's Daytime Drop-In Center
Women's Employment Resource Corporation

Berkeley, among other segments of the population. About half (16) of those filling out the survey were Executive Directors of non-profits, while the remainder (14) were either program directors or program staff.

Those agencies reporting employed staff (see Question 4, Attachment 1) indicated an average of 2 administrative staff per reporting agency; an average of 7 program staff per reporting agency; an average of 3 other staff per reporting agency; and an average of 30 volunteers per reporting agency.

Types of Services

Agencies were queried (Question 5) about the types of services they offered homeless people, and the survey indicates that a wide range of services are currently provided in Berkeley. The most frequently provided services are outreach and referral, housing, case management, meals (nutrition services), mental health services, transportation, and substance abuse services.

Types of Homeless People Served

Most agencies reported serving most types of homeless people. However, the responses to Question 6 indicate that there may be a gap in services available to couples without children, teenagers alone, and immigrants and refugees. The elderly and veterans are also slightly less frequently cited by agency respondents as a segment of the population they serve, though not as little as the other groups mentioned.

Changes in Homelessness in Berkeley

The agencies were asked whether the number of homeless people had increased, decreased or stayed the same over the last five years, and why. 31 agencies responded to the question. Of these, 23 (or 74 percent) reported that the number of homeless people had increased. Only 3 responders felt that homelessness had decreased over that time.

Reasons for the increase commonly given by the responders included job losses and general economic conditions relative to the job skills of homeless people, but also included such reasons as cuts in general assistance, increased agency capacity for serving homeless people (which may or may not signify an increase in homelessness), housing costs, mental illness, and substance abuse.

When asked in Question 8 "has the nature of the problems homeless people bring to your agency changed in the last five years?" only 14 agencies stated that the problems of the homeless had changed. However, 6 replied they had not, and 8 agencies did not know. When asked in Question 9 to describe the changes they observe, some of the most common descriptions are of people with HIV disease, substance abuse, high housing costs. "More people are dealing with multiple concerns," says one agency, and as entitlements shrink, they observe homeless people falling through the cracks of the welfare system.

Finally, agency responders identified, via Question 10, the tendency for change in subpopulations of homeless people. People with substance abuse problems, single women with children, first-time homeless people, and mentally ill homeless people were identified most often as groups of homeless people that had increased the most in the last five years. People with HIV/AIDS and dual diagnoses (i.e., drug abuse and mental illness) also were identified by agency respondents as having increased in numbers during that time.

Causes of Homelessness

Agency responders were asked in Question 11 to identify the five principal causes of homelessness, and in Question 12 they were asked to rank the most significant causes of homelessness among the people their agency serves. For the first question, the five most frequently ranked causes of homelessness were:

- shortage of affordable housing (22)
- substance abuse (20)
- joblessness (18)
- mental disability (14); and
- insufficient wages (13).

Inadequate welfare benefits (12) and limited job skills (11) were the next two identified causes. All other potential causes were identified by less than 10 responding agencies.

Among the homeless people served by their agencies, the most frequently identified causes of homelessness were:

- substance abuse (18)
- shortage of affordable housing (17)
- mental disability (12)
- joblessness and limited job skills (11 each)
- insufficient wages and lack of social supports (10 each)

Agency responders were asked to rank these from most significant (=1) to least significant (=5). Of these identified causes the ranking based on average rankings of significance was:

- joblessness (2.00)
- shortage of affordable housing (2.71)
- substance abuse (2.72)
- mental disability (3.00)
- limited job skills (3.09)
- lack of social supports (3.20)
- insufficient wages (3.40)

This ranking begins to suggest a direction for Continuum of Care plan priorities for reducing and eliminating homelessness since these average rankings reflect the frequency with which agencies declared these causes of homelessness to be the most significant in the lives of those they serve each day.

Inability to Serve Homeless People

The provider survey asked questions addressing what types of homeless people their agency was unable to serve (Question 13), and the reasons why they could not serve those people (Question 14). Of those the agency responders were unable to serve, teenagers (12 agencies) and violent people (13 agencies) were the people most frequently identified that agencies could not serve. 10 agencies reported that they could serve all types of people, however.

The most commonly identified reasons an agency is unable to serve homeless people center on:

- client behavior (14 agencies)
- client ineligibility (12); and
- budget limitations and "serve all types" (7 each).

Among these reasons, agency responders ranked the reasons on average in the following way:

- serve all types (1.00)
- client behavior (1.50)
- client ineligibility (1.58)
- budget limitations (2.00)

Targeting

Agencies are split almost evenly on whether they target certain segments of the homeless population for their agency's services. 14 acknowledged that they target their services, while 15 do not target their services to the homeless. Two responders did not know. Targeting appears to be closely tied to the agency's primary mission (e.g., youth agencies serving youths, drug rehabilitation targeting substance abusers). Some target their services because of "limited funds" or because they serve a special needs population.

When asked (Question 16) if their agency has the capacity to serve all those who would qualify, 19 agencies (out of 30 responding) said no, while 8 agencies said yes (3 did not know). About one-third (10) of responding agencies maintain a waiting list for their services, while two-thirds (21) do not. Those agencies maintaining waiting lists include housing providers who are often required by HUD or other funders to maintain waiting lists for available units in their properties. The average wait for services by reporting agencies (of which there were 5) is 103 days (about 3 months and 10 days).

What Keeps Homeless People Homeless?

Question 19 of the provider survey asks the agencies to rank the top five factors that keep homeless people in a condition of homelessness. The seven most frequent factors identified were:

- lack of affordable housing (20)
- substance abuse (19)
- limited job skills (17)
- lack of job opportunities (16)
- mental disability (15)
- lack of social supports (11); and
- inadequate welfare benefits (11).

The average ranking of these factors by the agencies yielded the following statistical ranking of these factors:

- lack of job opportunities (2.38)
- lack of affordable housing (2.50)
- substance abuse (2.58)
- mental disability (2.93)
- limited job skills (3.06)
- lack of social supports (3.18); and
- inadequate welfare benefits (3.36)

Barriers to Coordinating Homeless Services in Berkeley

Agencies were asked (Question 20) to rank the top three barriers to coordinating homeless services in Berkeley. The most frequently identified barriers included:

- lack of financial resources (16 agencies)
- insufficient staff and lack of staff time (11 each)
- politics (10)

By the average of their rankings, however, the agencies' ranking places politics on top (1.60 average ranking), followed by staff issues (1.91), and a lack of financial resources (2.00).

When asked (in Question 21), however, the top three barriers to coordination faced by their agencies, then lack of funding and staff issues are the most significant barriers. Specifically, the lack of funding was the most significant barrier (1.65 average ranking), followed by insufficient staff (1.85). Lack of physical space also outranked politics (1.63, marked by 8 agencies versus 6 agencies for politics).

New or Expanded Services

The most frequently identified new or expanded services that agencies believe should be available in Berkeley include:

- affordable permanent housing (16 agencies)
- job training assistance (13)
- transitional housing (11); and
- substance abuse treatment (9).

All other potential services received frequencies of 6 agencies or less. Consequently, housing, job training and substance abuse treatment appear to rank high in the minds of service providers as priorities for new programs. Mental illness, which received an earlier high ranking as a factor keeping homeless people homeless was not made a priority.

The average rankings of importance for these new or expanded services, according to agency responders, was:

- affordable permanent housing (1.44)

- job training assistance (1.69)
- substance abuse treatment (1.78); and
- transitional housing (2.09).

Feedback to Council

Finally, Question 23 invited agency responders to make their ideas about homeless people and those at risk of homelessness known to the Berkeley City Council. Their answers are summarized on page 11 of Attachment 1.

Limitations of the Survey

The survey instrument was based on a needs assessment instrument developed by San Mateo County's homeless coordinator in 1995. Several questions were modified by City staff to obtain information useful to Continuum of Care planning.

The survey was not intended to quantify estimates of homelessness or service delivery measures. Rather, it was intended to gather policy level information on the causes, trends, and service needs as service providers perceive them.

The survey was not a random sample of community agencies providing homeless services. It reflects a statistical bias toward community agencies who choose to attend community planning meetings.



Summary Results of the Homeless Service Provider Survey City of Berkeley

1. Name of Agency: _____
2. Position of person responding:
16 Executive Director
6 Program Director
8 Program Staff
3. What is your agency's tax status?
3 Public
31 Private, non-profit
0 Private, for-profit
4. How many staff and volunteers are there in your agency's homeless service program(s)? (Total employees reported, average per agency)

Employment Category	Total Reported	Average per Reporting Agency
Administrative Staff (include full-time, part-time and contract)	41	2
Program Staff (include full-time, part-time and contract)	125	7
Other Staff (include full-time, part-time and contract)	23	3
Volunteers	444	30



5. The type(s) of service(s) that my agency provides for homeless people include:
(check all that apply)

Service Provided	# Agencies	Service Provided	# Agencies
Health Services	6	Case Management	11
Employment Services	9	Mental Health Services	10
Nutrition Services	11	Substance Abuse Services	9
Shelter Services	3	Child Care Services	5
Housing Services	13	Outreach and Referral	15
Personal Care Services (e.g., showers)	8	Prevention Services	8
Immigration Services	2	Legal Services	4
Financial Assistance Services	9	Language Services	2
Transportation	10		

Other: *advocacy, spiritual programs and community organizing, empowerment, community building, fair housing, dual diagnosis, hot food, HIV/AIDS in prison services.*

6. The type(s) of homeless people that my agency services include:
(check all that apply)

Subpopulation Type	Number of Agencies
First Time Homeless	21
Single Women, No Children	22
Single Women w/ Children	20
Single Men, No Children	18
Single Men, w/ Children	17
Married, No Children	13
Married, w/ Children	18
Teenagers, Alone	11
Elderly	16
Substance Abusers (SA)	18
Mentally Disabled (MD)	19
Dually Diagnosed (SA+MD)	17
HIV/AIDS	17
Veterans	16
Domestic/Family Violence	17
Immigrants/Refugees	12
Other	10

Other: *youths 13-21; tenant counseling, anyone who shows up.*

7. Over the past five years, from my perspective the total number of homeless people that this agency serves has:

23 Increased
5 Remained the Same
3 Decreased
0 Don't Know

Please explain why?

Agency Comments on Question 7: Decrease in Those Served

"Decreased by 12 percent because we see the same people over many years and have gotten these people into housing."

No Change in Those Served

"Basically, we feed people once a month and provide vouchers once a month. Our resources have basically remained the same. So we cannot serve more people."

"UAH has a 75 room SRO hotel; we serve 75."

Comments on Question 7:

Increase in Those Served

"Passage of Proposition 187 and subsequent "anti-immigrant" legislation has created an environment of fear. Many "technically homeless" living with relatives in crowded conditions have been forced out."

"More classes offered in conjunction with BOSS."

"More company downsizing and layoffs. Lack of jobs for laid off operatives, e.g., at Mother's Cookies and Nabisco."

"because our scope has increased and dove-tailing with changes of numbers on the street."

"Economic factors - job loss, rising rents, stationary wages. Addiction. Lack of skills. Lack of child care. Lack of affordable housing."

"Total intakes have stayed the same for 4 years. This year because of the MASC [Multi-Agency Service Center], there will be an increase of above 750 in 1996, but we don't have the numbers yet."

"RCD has developed many new housing projects in the past 5 years (over 6) and we are currently serving more homeless people. In addition, we have at least 5 projects in development to serve the increased demand for permanent affordable housing."

"Social, economic and political factors."

"More homelessness, elimination of low-income rental housing, increased housing and other costs."

"At least there are more people who self-identify as homeless."

"The last several months, seemingly, after welfare-reform and immigration reform discussions, landlords appear freer to evict and mistreat tenants. We have been getting those kinds of calls."

"Since 1991 our agency has exclusively served the dually diagnosed population who have a more frequent history of homelessness."

"General Assistance cuts and substance abuse."

"Increasing numbers of families are being seen -- due to a number of factors (increased abuse, domestic violence; loss of jobs; drug and alcohol problems; lack of affordable housing)."

"We are getting known in the homeless community and our acupuncture detox programs has fed many homeless into our medical services. We now have an HIV/AIDS program which serves many homeless people."

"The number of phone calls I get from homeless people or shelter services."

Agency Comments on Question 7: Decrease in Those Served

"More people are homeless! Our program capacity has increased."

"We have always served a great many homeless individuals. In 1995 we became a Shelter Plus Care contractor with the City of Berkeley."

"Unsure. We have increased HIV services and service to women -- also revamped the counseling program."

"Increase in community knowledge of our services. Increase in staff, volunteers. Recently, increased need for SSI advocacy because of changes in law."

"BMH increased its efforts to improve access."

8. Has the nature of the problems homeless people bring to your agency changed in the last five years?

14 Yes

6 No

8 Don't Know

9. If you answered yes to Question 8, please describe these changes. (You may attach additional pages to describe life situations of people served by your agency.)

Comments on Question 9

Nature of the Homelessness Problem Changed

"Greater fear of accessing public programs - less reporting of needs - they are waiting longer to access or request assistance with accessing medical assistance, domestic violence situations, etc."

- "• increased homelessness leading to substance abuse.*
- "• inability to pay rent due to loss of income and increased #s of evictions.*
- "• need to have skills upgraded or on-the-job training opportunities."*

"Increased numbers of youth and youth-related problems; changes resulting from social services cuts. More people unable to pay rent, needing food, etc."

- "1) Prolonged adverse effects of economic restructuring.*
2) Continued rise in rents.
3) Untreated addictions."

"HIV/AIDS, domestic violence, youth, type of drugs, father-head of households, elderly, more severely mentally disabled, more long-term homeless, gay and lesbian and transgender as well."

"We are finding more and more that individuals and families' incomes are declining and thus there is a greater need to target people that are not simply "very low-income" (50 % AMI), but also are at 30 to 35% of AMI. In order to make our projects truly "affordable", rents must be lowered which poses financial/funding challenges."

"More acute - more elderly facing eviction, long waiting lists in senior housing projects, weakening of Section 8 program."

"Many immigrants have new problems including rapidly obtaining citizenship."

"Increase in number of clients affected by HIV/AIDS and in number of domestic violence and drug/alcohol problems. Increasing need for basic food services."

"Improved life style. People making better choices. Some are going back to school. A few have become employed."

Comments on Question 9

Nature of the Homelessness Problem Changed

"More people are dealing with multiple concerns and who are more isolated."

"More HIV and substance abuse."

"1) recent problems that are new: post-entitlement issues continuous disability reviews, re-applications, payee problems.

2) focus has narrowed to SSI advocacy, so the client base has changed to consist entirely of mentally disabled individuals.

3) Increased need for help accessing mental health services.

4) At our free legal clinics, more clients are now from the ranks of the working poor and homeless."

"Increase in families with children. Increase in adolescents and young adults."

Nature of Homelessness Problem Unchanged

"We provide a specific service so our client calls are fairly consistent."

10. Over the past five years, it is my impression that the numbers of the following types of homeless people my agency serves either increased, remained the same or decreased:

Subpopulation Type	Number of Agencies Reporting	Average Scoring
First Time Homeless	16	1.25
Single Women, No Children	17	1.35
Single Women w/ Children	19	1.21
Single Men, No Children	16	1.50
Single Men, w/ Children	15	1.47
Married, No Children	14	1.57
Married, w/ Children	16	1.56
Teenagers, Alone	8	1.25
Elderly	13	1.38
Substance Abusers (SA)	16	1.19
Mentally Disabled (MD)	17	1.24
Dually Diagnosed (SA+MD)	15	1.27
HIV/AIDS	15	1.27
Veterans	14	1.64
Domestic/Family Violence	17	1.35
Immigrants/Refugees	14	1.50
Other	4	1.25

Note: 1 = Increased; 2 = Same; 3 = Decreased.

11. It is my impression that the five principle cause(s) of homelessness are:
(check only five)

Cause	# Agencies	Cause	# Agencies
Joblessness	18	Physical Health Problems	2
Insufficient Wages	13	Substance Abuse	20
Limited Job Skills	11	Mental Disability	14
Inadequate Welfare Benefits	12	Domestic/Family Violence	5
Limited Education	7	Incarceration	4
Shortage of Affordable Housing	22	Weak Family Ties	2
Eviction	6	Lack of Social Supports	9
Relocation	1	Lack of Independent Living Skills	2
Lack of Adequate Health Care	3	Natural Disasters	0

Other: *high rents, weakening of Section 8 housing assistance program, lack of jobs.*

12. Among the homeless people that *my agency serves*, I would **rank** the five most significant cause(s) of homelessness as:
(1 = most significant; through 5 = least significant, though relevant)
Please rank no more than five answers.

Cause	# Agencies	Avg Score	Cause	# Agencies	Avg Score
Joblessness	11	2.00	Physical Health Problems	3	3.00
Insufficient Wages	10	3.40	Substance Abuse	18	2.72
Limited Job Skills	11	3.09	Mental Disability	12	3.00
Inadequate Welfare Benefits	8	2.75	Domestic/Family Violence	3	3.00
Limited Education	8	2.88	Incarceration	3	4.00
Shortage of Affordable Housing	17	2.71	Weak Family Ties	3	2.67
Eviction	4	2.00	Lack of Social Supports	10	3.20
Relocation	0	0.00	Lack of Independent Living Skills	4	3.25
Lack of Adequate Health Care	4	3.50	Natural Disasters	1	4.00

Other: *Section 8, lack of jobs.*

13. My agency is unable to serve homeless people of the following types:
(check all that apply)

Types of Homeless People	# Agencies	Types of Homeless People	# Agencies
Single Men	4	HIV/AIDS	5
Adults with Children	4	Chronically Homeless	0
Teenagers	12	Battered Women	5
Mentally Disabled	4	State Parolees	5
Substance Abuse Problems	4	Violent People	13
Dual Diagnoses	4	Serve All Types	10

14. Please rank the three main reasons my agency is unable to serve these homeless people: (1 = most common reason; 3 = least common reason) -- Please rank no more than 3 answers.

Reasons	# Agencies	Avg Score	Reasons	# Agencies	Avg Score
Client Ineligibility	12	1.58	Space Limitations	5	1.80
Budget Limitations	7	2.00	Volunteer Shortages	3	2.67
Staff Shortages	3	1.67	Other	2	1.50
Client Behavior	14	1.50	Serve All Types	7	1.00

15. Does your agency currently target certain segments of the homeless population for your agency's services?

14 Yes 15 No 2 Don't Know

Why do you target your services?

Comments on Question 15 **Why Agencies Target Their Services**

"We have been operating a Family Stability Project for single parents and their children who are on AFDC."

"People with mental disabilities. This is a prime target population - which includes substance abuse."

"It is most effective."

"GA recipients, GA eligibles, AFDC recipients, SSI recipients, SSI eligibles."

"We target our services to people with chronic disabilities, and to families."

Comments on Question 15 Why Agencies Target Their Services

"People with HIV/AIDS, people with chronic substance abuse and/or mental health disabilities (i.e., Shelter Plus Care), single adults (in SROs), frail elderly, veterans, survivors of domestic violence."

"Teen agers are targeted because BYA is mainly a youth-serving agency."

"Adults who are dually diagnosed and have been take to psychiatric hospital on a 51-50."

"limited funds"

"Homeless women need a program geared specifically for their needs and those of their children."

"We provide SRO housing for single adults."

"Pursuant to Shelter Plus Care guidelines (housing homeless people with HIV/AIDS with substance abuse problems)."

"We target mentally ill homeless people. Most in need and most potentially helped by intensive SSI advocacy. (Advocacy ==> client gets benefits ==> client can afford housing, care)"

"Ensure linkages to ongoing mental health and health care for severely mentally ill homeless people."

Why Agencies Do Not Target Their Services

"Though we primarily serve low and very low income households."

"Except in acupuncture detox which targets substance abusers. We would have capacity to serve all those who qualify with additional funds for physician time, etc."

"But we would with some increase in funding."

16. Does your agency have the capacity to serve all those who would qualify?

8 Yes 19 No 3 Don't Know

17. Does your agency maintain a waiting list for its services?

10 Yes 21 No 0 Don't Know

18. If you answered yes to Question 17, on average, how long is the wait?

An average of 103 days among 5 reporting agencies.

19. Please rank the top five factors that keep homeless people in a condition of homelessness:

(1 = most significant; through 5 = least significant, though relevant)

Please rank no more than five answers.

Factor	# Agencies	Avg Score	Factor	# Agencies	Avg Score
Lack of Job Opportunities	16	2.38	Substance Abuse	19	2.58
Limited Job Skills	17	3.06	Domestic Violence	4	3.50
Inadequate Welfare Benefits	11	3.36	Weak Family Ties	5	3.40
Inadequate Education	5	2.40	Lack of Social Supports	11	3.18
Lack of Affordable Housing	20	2.50	Lack of Ind Living Skills	5	2.80
Limited Health Care Access	4	3.00	Lack of Child Care	7	3.71
Physical Health Conditions	7	3.71	Lack of Information	5	3.00
Mental Disability	15	2.93	No Unified Case Mgmt	1	2.00

Other: *not enough income (1, 1.00)*

20. Please rank the top three barriers to coordinating homeless services in Berkeley:

(1 = most significant barrier, 3 = least significant barrier, though relevant)

Please rank no more than 3 answers.

Barriers	# Agencies	Avg Score	Barriers	# Agencies	Avg Score
Lack of Physical Space	8	2.00	Politics	10	1.60
Lack of Staff Time	11	1.91	Lack of Unified Client Database	6	2.00
Lack of Financial Resources	16	2.00	Lack of Case Mgmt System	3	2.00
Insufficient Staff	11	1.91	Turf Issues	6	2.33
Confidentiality	5	2.20	Other: <i>lack of quality rental housing</i>	1	2.00

21. **Please rank the top three factors *facing my agency* that serve as barriers to coordinating homeless services in Berkeley (and with other agencies outside Berkeley) are:**

(1 = most significant barrier, 3 = least significant barrier, though relevant)

Please rank no more than 3 answers.

Barriers	# Agencies	Avg Score	Barriers	# Agencies	Avg Score
Lack of Physical Space	8	1.63	Politics	6	2.17
Lack of Staff Time	18	2.22	Lack of Unified Client Database	5	2.40
Lack of Financial Resources	17	1.65	Lack of Case Mgmt System	3	2.33
Insufficient Staff	13	1.85	Turf Issues	2	2.50
Confidentiality	2	2.50	Other: <i>BHA short of housing inspectors</i>	2	2.00

22. **If more resources were available for Berkeley, the most important new or expanded services for homeless people should be:**

(1 = most important 3 = least important, though relevant)

Please rank no more than 3 answers.

New or Expanded Program	# Agencies	Avg Score	New or Expanded Program	# Agencies	Avg Score
Job Training Assistance	13	1.69	Mental Health Services	4	2.25
Financial Assistance	5	2.60	Indep Living Skills Services	4	1.75
Educational Services	4	2.25	Family Pres/Foster Care Prev	2	2.50
Affordable Perm Housing	16	1.44	Child Care	3	1.67
Long-Term Emerg Shelter	3	2.33	Personal Care Services	2	2.50
Transitional Housing	11	2.09	Legal Services	3	2.00
Rental Assistance	6	2.67	Outreach and Referral	2	2.00
Battered Women's Shelter	2	1.50	Case Management	4	1.75
Shelter for Youth	4	1.75	Language Services	1	2.00
Transportation	2	2.00	Immigration Services	1	2.00
Health/Dental Services	1	2.00	Recreational/Cultural Programs	2	2.00
Nutrition Programs	4	2.25	Other:	0	0.00
Substance Abuse Treatment	9	1.78			

23. If you had the opportunity to make your ideas about homeless people and families and those at risk of becoming homeless known to the Berkeley City Council, what would they be?

Ideas Agencies Would Make Known To the City Council

"That we target persons (particularly under 30 years old) coming out of prison with halfway houses and transitional houses targeted to address issues around crime, leading to re-entry into prison, readjustment to the outside world, non-criminal jobs and life skills, and health issues."

"Provide daytime assistance centers that provide haircuts, bathing facilities, clothes/shoes, as well as job search skills training (applications, resumes interviewing skills, career planning, message phones, fax access, and transportation assistance)."

"More dollars for affordable housing projects. More health care issues should be addressed."

"I would talk about stigmatizing people who are different and marginal in finances, mental health, housing, etc. This just increases their alienation and exacerbates the problem. I would talk about an inclusive community."

"Homelessness needs to be a concern of the whole community, not just the service providers and/or public servants (staff and elected). Homeless people are people, not a political agenda item. Prevention of homelessness by promoting affordable housing, jobs training, health and mental health care, substance abuse recovery programs, etc., need as much attention and resources as direct services. Again, as an issue for the whole community to grapple with."

"Better maintenance of existing rental housing. Need system for upgrading housing from homelessness to permanence. Need to improve the system of supportive services."

"A lot of people say that most people are one pay check away from being homeless. So homelessness can happen to many people."

"Especially with the loss of employment, with the high cost of rent which are factors that can affect many, which could lead to homelessness. I mention factors that cause homelessness that the individual does not have any control over. Being released from the hospital having lost your place it is an important issue any reason why more affordable housing in this area is essential."

"1) At this time we need to open an emergency on the south side because many people are sleeping on the streets (40+ per night).

"2) We need more City support for existing transitional housing and more transitional housing units available.

"3) The Housing Trust Fund guidelines need to be re-written and this funding should not be available to support middle income families and individuals.

"4) We need an emergency shelter on the south side for youths.

"5) We need more shelter beds available for women!!

"6) The Chaplaincy's clothing ministry, free clothes for 7,000 homeless people needs to be supported by the city."

"The issue is not the characteristics of the people (HIV or mental disability), but the supply of affordable housing, community base supports and income levels."

"Legal immigrant seniors are losing SSI and food stamp benefits - especially those in nursing homes or board & care or Section 8 housing (with mandatory food programs they can no longer afford). How will the needs of these folks be addressed by homelessness programs trying to reintegrate clients into a working society."

"Draw up an integrated program that includes funding the range of homeless services needed, and promoting employment for homeless people among all sectors: private, public, and non-profit sectors."

"There is a continuing lack of adequate residential drug/alcohol treatment services for this population."

"There continues to be a strong need for affordable, permanent housing as well as transitional housing for certain sub-populations (people with AIDS, survivors of domestic violence, people with mental health/ substance abuse issues) and a need to target those with the greatest needs, the very low-income and the homeless."

"Agencies should assist people to help themselves, empower them to take control of their lives."

Ideas Agencies Would Make Known To the City Council

"I would like to be able to coordinate with homeless and women's shelters to better be able to provide child care to homeless women."

"Overall increase in funding for existing programs would be the highest priority: eviction defense, "move-in" loans (1st month's rent and deposit), overdue rent loans, support services."

"Let people meet formerly homeless people to see the changes they've made in their lives and overcome false conceptions."

"The Women's Drop-In finds that our program site is too small to serve the number of homeless women and families who need this help. We could easily double our site and staffing. To be more effective, we need additional capacity to provide supportive services to families on the brink of homelessness. With impending welfare changes, the need for basic supportive services will increase (especially ways of handling lowered incomes by having more affordable food and housing options). Transitional services for families learning how to re-enter mainstream are also needed -- i.e., transitional housing opportunities for battered women."

"Additional needs: day respite for clients who are sick or just discharged from the hospital."

"More affordable housing for homeless families and the development of a revolving loan fund that would be available for first and last months' rent and move-in fees. The RAP (Rental Assistance Program) operated by ECHO Housing is excellent; however, the eligibility requirements are too stringent -- more money needs to be put into a modified version of this program concept. The fund could serve 2 purposes: 1) 1st and last months' rent; and 2) development of a credit history."

RESOLUTION NO. 59,713-N.S.

APPROVING THE BERKELEY HOMELESS CONTINUUM OF CARE PLAN, DIRECTING THE CITY MANAGER TO IMPLEMENT ITS GOALS AND RECOMMENDATIONS OVER THE PLAN'S FIVE-YEAR PLANNING HORIZON AND INCORPORATING THE COMMENTS OF BERKELEY'S BOARDS AND COMMISSIONS

WHEREAS, there are an estimated 1,000 to 1,200 homeless people in Berkeley on any given night; and

WHEREAS, there are an estimated 1,300 Berkeley households on welfare who are currently at risk of homelessness; and

WHEREAS, there are an estimated 460 people in Berkeley daily who have alcohol or other drug problems that may be disabling; and

WHEREAS, there are an estimated 200 homeless people in Berkeley daily who have mental disabilities, many of them serious; and

WHEREAS, there are an estimated 225 homeless people in Berkeley daily whose physical problems may include disabilities; and

WHEREAS, there are an estimated 140 older adults, aged 50 or older, who are considered homeless in Berkeley daily; and

WHEREAS, on a daily basis, twenty to twenty-five percent of homeless individuals in Berkeley are women and girls; and

WHEREAS, homelessness among females is due to a variety of factors including domestic violence, physical and sexual abuse of young women and girls, alcohol and substance abuse, mental illness; and

WHEREAS, domestic violence is a major cause of homelessness among women and fear of homelessness is a contributing factor to continued domestic violence; and

WHEREAS, legitimate and special needs of homeless people in Berkeley, particularly those of homeless youth, must continue to be addressed by the City of Berkeley for the health, safety, and welfare of the whole community; and

WHEREAS, structural changes brought about in the welfare system, managed health care, and the rent stabilization system threaten to increase the overall number of homeless people and families, and thereby increase strain on existing Berkeley services and affordable housing resources; and

WHEREAS, the City of Berkeley "shall promote...higher standards of living, full employment, and conditions of economic and social progress and development; solutions of local economic, social, health and related problems;...and Universal respect for, and observance of human rights and fundamental freedoms for all.." under the Berkeley Human Rights Ordinance No. 5985-N.S. and under treaties ratified by the United States that are part of the supreme law of the land (under U.S. Constitution, Article 6, paragraph 2) including the United Nations Charter, Articles 55-56; the International Covenant on Civil and Political Rights, Articles 2.1, 6.1, 7; the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Articles 1.1 and 16; and the International Convention for the Elimination of All Forms of Racial Discrimination, Articles 5(b), 5(e)(i), (iii), (iv),(v), 7; and

WHEREAS, the Berkeley City Council has proclaimed Berkeley to be a Human Rights City in Resolution No. 59,447-N.S., and has adopted the Universal Declaration of Human Rights, including articles 2, 3, 5, 22, 23(1), (3), 25(1) and the International Covenant on Economic Social and Cultural Rights, including Articles 6.1, 6.2, 11, 12; and

WHEREAS, the City of Berkeley shall continue to seek closer cooperation from the University of California, Berkeley (UC Berkeley) administration to honor this Plan because it has an impact on the UC Berkeley campus community, including UC Berkeley Police Department profiling practices, and on the City of Berkeley community; and

WHEREAS, the City shall place a high priority on funding job training and placement services for homeless people and those at risk of homelessness; and

WHEREAS, a coherent policy framework for homeless services and housing to guide City Council decisions affecting homeless people is needed to cope with long-term fiscal uncertainties for homeless housing and services; and

WHEREAS, it is the City's housing policy to ensure safe, decent and affordable housing for all Berkeley residents, including those who are now the victims of homelessness; and

WHEREAS, the City Council shares with the Independent Task Force on Homelessness and the Housing Advisory Commission the strong commitment to monitoring, evaluation, and reporting to appropriate commissions and boards the performance of homeless service and housing providers in the Berkeley community; and

WHEREAS, the City Council shares with the Independent Task Force on Homelessness and the Rent Stabilization Board their commitment to retain and, if possible, to work creatively with those protections afforded by the Rent Stabilization and Good Cause for Eviction Ordinance which may, in at least some cases, prevent tenants from being pushed into homelessness; and

WHEREAS, the Homeless Continuum of Care Plan is necessary for Federal applications for homeless program funding under the McKinney Homeless Assistance Act; and

WHEREAS, a broad-based planning process by the City and its Independent Task Force on Homelessness was undertaken to engage the Berkeley community in development of a Berkeley Homeless Continuum of Care Plan; and

WHEREAS, the major goals of the Berkeley Homeless Continuum of Care Plan include maintaining existing support services and housing, establish priorities for Berkeley's allocation of entitlement resources for housing and services targeting homeless people; improving the overall quality of services and housing provided to homeless people; promoting preventive strategies to reduce homelessness; and coordinating local and regional efforts to address homelessness and prepare for potential increases in need as a result of structural changes such as welfare reform.

NOW THEREFORE, BE IT RESOLVED that the Council of the City of Berkeley approves the Berkeley Homeless Continuum of Care Plan and directs the City Manager to implement its goals and recommendations over the Plan's five-year planning horizon.

BE IT FURTHER RESOLVED that the following Board and Commission comments are hereby incorporated:

- insert explicit language stating that the security, health, and well-being of Berkeley seniors is a high priority for inclusion in the development of standards of service provision;
- include survivors of domestic violence in emergency shelter, transitional, and supported housing priorities;
- include language ensuring that homeless youth services address the physical safety and emotional needs of homeless minor girls;
- include explicit language to provide that alcohol and drug addiction services are accessible to single women and women with children;
- include explicit language to provide that permanent supportive housing is available to single women with mental health problems and women with children who have mental health problems;
- include explicit language that emergency shelter for women with adolescent minor boys is available so that families are not unduly separated; and
- include as an additional homelessness prevention strategy the need to establish a comprehensive family legal services and counseling service center for survivors of domestic violence. This one-stop center would help domestic violence survivors address divorce, custody, and child support issues with adult and child mental health and relationship counseling services combined, to be coordinated with other existing Continuum of Care services.

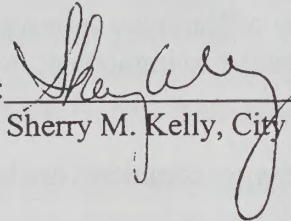
The foregoing Resolution was adopted by the Berkeley City Council on September 22, 1998 by the following vote:

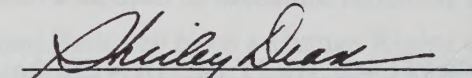
Ayes: Councilmembers Armstrong, Breland, Maio, Olds, Shirek, Spring, Woolley, Worthington, and Mayor Dean.

Noes: None.

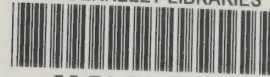
Absent: None.

Attest:


Sherry M. Kelly, City Clerk


Shirley Dean, Mayor

U.C. BERKELEY LIBRARIES



C124919740

